

The Commonwealth of Massachusetts

57th

ANNUAL REPORT

OF THE

TRUSTEES

OF THE

Mass: DANVERS STATE HOSPITAL at Danvers (Ch)

FOR THE

YEAR ENDING NOVEMBER 30,

1934

DEPARTMENT OF MENTAL DISEASES



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GARDNER STATE HOSPITAL
EAST GARDNER, MASS.

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DANVERS STATE HOSPITAL

(Post Office Address: Hathorne, Mass.)

STATE HOUSE BOSTON
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BERNARD APPEL, M.D., *Dermatologist*

TRUSTEES' REPORT

To His Excellency, the Governor and the Honorable Council:

The Trustees of the Danvers State Hospital respectfully offer the following annual report, including the report received by us from the Superintendent and the reports received by him from the various departments:

The Board has continued to hold monthly meetings at the hospital, for conference with the Superintendent, concerning the development of the institution and the upkeep of the plant.

During the present year there have been important changes in the institution, as follows:

New parking spaces for the large number of automobiles have been provided so that there is much less traffic congestion on busy visitings days.

At Grove Hall it was no longer necessary to continue the kitchen and dining room service as these patients and employees could well be cared for at the institutional cafeteria. This gave us at once room for twenty-eight more patients and later we expect to add seventeen more beds. Plans are underway to reconstruct

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the building, giving ample day space and providing further for more patients, as mentioned above.

A new condenser has been placed in operation at the Power House. Heretofore we have had serious interruption in our refrigeration because the outside condenser was apt to freeze in very cold weather. This will do away with any likelihood of freezing hereafter and we will use much less water.

The greater part of Middleton Colony has been re-shingled with fireproof material and this, of course, will be of value, not only in the event of fire, but also it provides better insulation, maintaining the warmth of the building, especially in cold weather.

There are at the present time the following P.W.A. Projects which will correct essential needs:

The removal of all obsolete wiring and replacing this with modern wiring in conduit. All parts of the institution will be cared for, excepting the Colony, and we hope to get this included a little later.

The removal of the old wooden staircases on the wards and replacing these with steel and cement staircases.

The erection of a new water tank giving greater pressure and sustaining a proper pressure for the sprinkler system, which is also to be modernized.

The increase in the size of the hydrotherapy buildings is an admirable improvement. It gives us ample opportunity for the special treatments and the necessary cleansing baths.

By reconstruction of the barn better conditions have been made for the herd and other measures adopted have noticeably increased our milk supply.

On ward J-2 a small hydrotherapeutical unit has been set up for those over-active patients who could not under usual conditions be brought to the hydrotherapy buildings.

The following are needs of the institution which we should like to respectfully suggest:

A new building on both the male and female sections and connected with the present buildings to better provide for the infirm and convalescent patients, these buildings to be of approximately the same size and shape as our present ward buildings and to house approximately two hundred more patients on each side. This will aid greatly in relieving the present congestion on certain wards.

A new tubercular building, which will accommodate both male and female patients.

The power house should be enlarged and equipment added to care for the extra load. At the present time the efficiency of the Power House is greatly taxed and cannot be expected to care for any expansion. We also believe that it would be a good plan to have a connection with the Danvers electric power line. It would seem that we could economically use, during certain periods of the year, the overhead charge which would be necessary in completing this connection, and that we would have further, an auxiliary line in the event of a breakdown in our own Power House.

The chapel should be enlarged to accommodate three times the number of patients that it now will care for. This will mean making room for employees now quartered in the Rear Center section in order to follow through with this contemplated reconstruction.

We have long felt that the Danvers State Hospital has now reached a population so large than an acute reception building would be highly advisable. This building would provide facilities for the care of acute cases and we would expect that many cases given intensive treatment over a short time, separated from the more chronic cases, would have a better opportunity to get well. This feature would, of course, again be a splendid opportunity to relieve the present congestion.

Respectfully submitted,

S. HERBERT WILKINS, *Chairman*
JAMES F. INGRAHAM
DR. ARTHUR C. NASON

WILLIAM W. LAWS,
MRS. ANNA P. MARSH
MRS. ANNIE T. FLAGG

Trustees.

SUPERINTENDENT'S REPORT

To the Board of Trustees of the Danvers State Hospital:

The fifty-seventh annual report of the Superintendent for the fiscal year ending November 30, 1934, is respectfully submitted.

The clinical reports and statistics relating to patients are for the period including September 30, 1934.

MOVEMENT OF POPULATION

The hospital year opened on October 1, 1933 with 2,144 patients in the hospital, 349 on visit, 6 on escape, and 8 in family care, making a total of 2,507.

The year ended on September 30, 1934 with 2,194 patients in the hospitals, 282 on visit, 12 on escape and 9 in family care, making a total of 2,497.

The number of admissions during the year: 521 male; 392 female; total, 913; an increase of 40 over the preceding year.

There were 6 voluntary patients admitted during the past year; 35 patients were transferred from other institutions; 328 men and 217 women were admitted on temporary care papers and 81 men and 35 women were admitted on thirty-five day observation papers.

FIRST ADMISSIONS

There were 662 patients admitted to this or any hospital for the first time, which is a decrease of 14 over the preceding year.

DAILY POPULATION

The total average population for the year ending September 30, 1934 was 2,161, an increase of 57 over last year. There were 3,415 patients treated during the year as compared with 3,216 in 1933.

Two hundred and seventy-five (275) patients died in the institution during the year, which is 16 more than the preceding year.

DISMISSALS

Six hundred and forty-three (643) patients were discharged from the institution during the past year; 400 men and 243 women. Classified as to their condition on discharge; 44 recovered; 318 as improved; 38 as unimproved; and 146 as without psychosis. The figures for the preceding year were as follows: 31 as recovered; 255 as improved; 38 as unimproved; and 110 as without psychosis.

On September 30, 1934 there were 303 patients on trial visit in care of friends or under hospital supervision as compared with 368 in 1933.

Since the organization of the hospital, 33,066 patients have been admitted and 30,669 discharged.

MEDICAL ADMINISTRATION

During the year the following changes in the personnel of the staff occurred:

Appointments

Dr. Leo Maletz, appointed assistant physician January 1, 1934.

Dr. George W. Wheeler, appointed dentist January 12, 1934.

Dr. Salvador Jacobs, appointed assistant physician May 7, 1934.

Dr. Lois E. Taylor, appointed assistant physician, September 14, 1934.

Dr. William Charles Inman, promoted from position of assistant physician to senior physician October 15, 1934.

Dr. Melvin Goodman, appointed assistant physician October 30, 1934.

Resignations

Dr. H. Archer Berman, resigned December 31, 1933.

Dr. Guy C. Randall, resigned April 15, 1934 to accept position of Assistant Superintendent at Northampton State Hospital.

Dr. Henry A. Tadgell, resigned September 29, 1934 to accept position of Assistant Superintendent at Wrentham State School.

Clinical Assistants

Samuel R. Berenberg; Frances Pappas; Samuel Spinner; H. Parker Wetherbee; Raymond H. Spooner; A. Warren Stearns, Jr.

MEDICAL SERVICE

During the past year the medical service has continued to function efficiently although several changes have been made in the staff due to the promotion of several of the physicians. The usual daily staff conferences have been held for the purpose of discussing diagnosis, treatment, discharge and visit of patients. Ward rounds have been continued daily as well as weekly night trips so that all patients are seen at frequent intervals. A few cases of bacillary dysentery (His-Y type) and Vincent's Angina during the year has made it necessary to segregate groups of patients at times. It was due to the early recognition and careful segregation of these cases that serious epidemics were prevented.

Besides the usual physical examination of nurses, a periodical x-ray examination of chests was instituted during the year. It was felt that by this careful procedure, serious illness, which would prevent a nurse from completing her course of training, would be eliminated. Dr. Hubert A. Boyle of the Essex County Sanatorium has rendered very valuable assistance in the diagnosis of early cases of tuberculosis as well as in the interpretation of x-ray plates.

Because of the many increasing requests for lectures to nurses a course of 16 lectures covering the various phases of psychiatry was organized by the Assistant Superintendent, and the first lecture was given in October to a group of about 150 nurses. This group was represented by the Beverly Hospital, Salem Hospital, Essex County Sanatorium, J. B. Thomas Hospital (Peabody), Union Hospital (Lynn), Lawrence General Hospital, Malden Hospital, Anna Jacques Hospital (Newburyport), and the New England Sanitarium (Melrose). The usual instruction to the nurses in the training school has been given as well as instruction in psychiatry to four classes of affiliating nurses, two classes of Occupational Therapy students, and sixteen fourth year medical students from Tufts Medical School, who spend a month each at the hospital. A great many lectures and talks have been given by the Superintendent and other staff members throughout the year to various clubs, lodges, parent-teachers' associations and societies.

Our consulting physicians and surgeons have continued to render very efficient service to the hospital throughout the year and have willingly given up a great deal of their valuable time in assisting us with the special problems which presented themselves from time to time. The following report would indicate the amount of operative procedures done by them:

Appendectomies, 2; applications of plaster cast to fractures, 6; bimanual vaginal examination, 1; cholecystectomy, 1; cystotomy (suprapubic) with removal of stone, 1; dilatation and curettage, 2; enucleation of eye (left), 1; excision of furuncle on chin, 1; excision of submaxillary abscess, 1; extraction of teeth, 1; gastroenterostomy, 1; herniotomy (bilateral), 1; hysterectomy (sub-total), 2; incision of carbuncle, 1; incision and drainage, 1; incision and drainage of plantar abscess, 1; incision and drainage of breast abscess, 1; incision and drainage of submaxillary abscess, 1; laparotomy (exploratory), 4; mastectomy, 1; mastoidectomy, 2; oophorectomy (right), 1; open reduction of fractured patella, 1; removal adenocarcinoma of breast, 1; removal of ovarian cyst, 1; salpingectomy (right), 1; tonsils and adenoids, 4.

HYDROTHERAPY DEPARTMENT

This department has continued to function actively up until the 15th of September, at which time both hydrotherapy buildings were closed because of reconstruction work which will enlarge and modernize the suites. For many years the prescribing of hydrotherapy has been limited owing to the inadequacy and antiquity of the apparatus and once these new suites are available for use they will contain the most modern equipment. This equipment will make it possible to prescribe hydrotherapy without restriction and should greatly increase the number of patients which are returned to the community each year.

In spite of the closure of the hydrotherapy buildings the application of the wet sheet pack was prescribed for 752 patients. This represents a total of 8,836 packs for 52,293 hours of treatment. In the continuous bath 300 patients were treated for a period of 10,734 hours of 2,863 individual baths. In addition to these 6,240 tonic bath treatments were given to 534 patients.

As in former years, the hydrotherapists spend much of their time instructing each new nurse and attendant in hydrotherapeutic measures so that they all have an understanding of and practical experience with hydrotherapeutic procedures before they are permitted to administer any form of treatment.

PHYSIOTHERAPY DEPARTMENT

The physiotherapy department has shown a large increase in the number of treatments given during the past year. The work is in charge of a trained physiotherapist who is assisted by a student from the nursing service. The physiotherapist has given lectures and demonstrations to the nurses, with special emphasis on massage.

During the year ending November 30, 1934, a total of 12,434 treatments have been given. They are classified as follows: Infra red, 7,010; Diathermy, 907; Sine wave, 2,012; Air cooled ultra violet, 761; water cooled ultra violet, 540; auto condensation, 104; massage, 1,093; electro-desiccation, 7; making a total of 12,434 treatments.

PERSONAL HYGIENE DEPARTMENT

This year the amount of work accomplished by this department has been reduced because of sickness and necessity of having a new worker. The work has been done by a trained personal hygienist assisted by patients. Especial attention has been given to the untidy and indifferent patient with gratifying results.

During the year ending November 30, 1934, the following treatments have been given. Hair cuts, 3,261; shampoo, 1,572; manicures, 1,472; waves, 1,568; massage, 174; scalp treatments, 234; making a total of 8,281 treatments.

VENEREAL CLINIC

The treatment of cases suffering from neurosyphilis is a most important procedure and during the year a large number of cases were treated. We have continued to use the various arsenical preparations, supplemented with mercury and bismuth salts, but the most gratifying results were brought about with tryparsamide and malarial therapy, which have been given to selected cases. Because of the large number of cases treated each week the practice of administering treatment to men and women on different days has been continued. 1,254 Wassermann Hinton examinations were made for us by the State Department of Public Health — 1,033 blood serum and 221 cerebrospinal fluid.

DENTAL SERVICE

The service of this department continues to be an important one and, as in former years, careful examinations of all newly admitted cases, as well as periodical examinations of the continued cases, have been completed. Any prophylactic work which would benefit the patient has been done. We again have a dentist, who devotes his entire time to this work, as well as a dental hygienist. During the past year the usual amount of work, represented by the following table, was accomplished:

December 1, 1933 to December 1, 1934

Cleanings	645
Extractions	1,189

Fillings: Silver amalgam, 542; porcelain, 174; zinc oxide and eugenol, 141; kryptex, 24; gutta-percha, 2; red copper cement, 1; cement, 2; copper amalgam, 1; total, 887.

Prosthetics: Complete full plates, 26; completed partial plates, 3; complete bridge, 4; porcelain jacket, 1; Logan jacket, 1; repair full plate, 7; repair partial plate, 4; relined upper plate, 1; miscellaneous corrections, 107.

Oral treatments in general: Vincent infections, canker sores, gingivitis, abscesses, total, 823.

Miscellaneous: referred to x-ray, 32; new patients examined, 676; re-examinations, 772; total number of patients treated, 3,042; Sent to Danvers for extraction, 12; Lectures, 7.

PSYCHIATRIC CLINICS

These out-patients clinics have continued to function actively throughout the year and most of the patients on visit have been interviewed at regular intervals. The clinics have served the communities of Gloucester, Haverhill, Lawrence, Lynn, Malden, Newburyport and Salem. There were very few cases referred by physicians doing general practice during the year, and now that the service of another physician has been added, it is hoped that the physicians will refer more cases during the coming year.

ADULT MENTAL HYGIENE CLINIC

The clinic continues to operate once a week in the Out-Patient Department of the Lynn Hospital. No changes were made during the past year in the personnel of the clinic. Students from Tufts College Medical School, assigned to the hospital have been attending the clinic regularly. One new case was seen on each clinic day and a total of 78 patients were examined and treated during the 42 clinic meetings. An average of 7 patients were seen at each clinic. There was a total of 309 visits at the clinic during the year.

A study of the various conditions treated since the opening of the clinic in 1929 is of interest and shows that 50.7% of the patients were diagnosed psychoneurosis; 6.6% various physical conditions, arteriosclerosis, epidemic encephalitis, multiple sclerosis, etc.; 4.4% manic-depressive and involution melancholia; 4.2% neurotic traits; 4.2% behavior problem; 4% mental deficiency; 3.4% neurotic adolescents; 3.3% dementia praecox; 2.2% situational reaction; 2% epilepsy; 2% psychopathic personality.

The period which was the subject of this study covers the years of the depression and the statistical study of the factors involved shows that economic stress was a factor of more or less importance in 43.6% of the cases. The next factor in importance is the home environment. The over-solicitous and over-protective attitude of the parents and the contagion of some neurotic or unstable person in the home accounted for 24.4% of the total cases. Parental friction and discord including separation and divorce were found to exist in 14% of the patients. An uncongenial home environment was found in 6%. Marital maladjustment in 16%. Worry over a variety of situations not included above existed in 14%. Hereditary factors existed in 7% of the total number. Strain of responsibilities and hardships existed in 6%; sexual factors in 5%. Psychic trauma as a precipitating cause in 2%, and war experience in veterans, 2%. Alcoholism was negligible as a factor in the type of cases attending the clinic and accounted for only 1%. In some cases there is one or more than one of the above-mentioned factors.

X-RAY DEPARTMENT AND LABORATORY SERVICE

The following is a record of the work done in the x-ray and clinical laboratories for the fiscal year of 1934:

Autopsies, 53; bacterial cultures, 52; basal metabolic rate determinations, 16, Blood chemistry: — blood sugar, 17; N.P.N., 7.

Blood examinations: — Red blood cell counts, 1,041; white blood cell counts, 1,096; differential counts, 155; hemoglobin determinations, 1,041; coagulation time, 9; bleeding time, 9.

Gynecological smears, 174.

Spinal fluids: — gold sols, 195; cell counts, 6.

Sputum examinations, 59; urinalyses, 4,475; x-ray plates, taken, 1,125.

Saline solution and distilled water for surgical service — about 250 liters.

OCCUPATIONAL THERAPY DEPARTMENT

The work of this Department is divided into three groups: (A.) Occupational Therapy, which includes craft classes and aiding in activities carried on by the Department such as bookbinding, printing and delivering of newspaper, etc. (B.) Recreational Therapy. (C.) Physical Education.

Occupational Therapy. This year we have carried an average of nine classes for men and women, which includes two work-shop groups, two groups in the T. B. Annexes and five on the wards. Types of patients reached in these treatment groups include admissions, chronic, acute and tubercular.

There have been a total of 450 patients under treatment with an average of 196 per month. Of the total number, 76 have gone into hospital industry and 37 have gone out on indefinite visit. Our previous system of monthly record charts submitted to the medical staff has been continued. Notes on special cases are filed in the Department, and semi-annual notes are kept in the medical case history.

A summary of crafts finished in classes is as follows: Woven, braid-weave, and hooked rugs; woven, embroidered, and block-printed runners; pillows; cafeteria doilies; wooden, aluminum and copper book-ends; waste baskets; high and low relief carved panels; chipped carved boxes; knotted belts; curtain pulls and key-cords; knitted couch covers; wash cloths; metal desk sets; wooden flower pot holders; bulletin boards; doorstops; hat stands; chair sets; footstools; leather purses; mats and pillows; block-print and crayon wall hangings; cribbage boards. In addition, curtain and day-pillow sets are made up for the wards. No attempt is made to complete work as orders, but to create an interest, possibly a hobby, on the part of the patient.

In connection with the Shop classes a flower garden is maintained. Cuttings supply the shop, library and bookbinding room.

Other activities which come under this heading, and are an outgrowth of work begun in classes are music, art and educational classes. Due to the individual attention and time required, not a great deal has been done. Supervised piano playing has been carried on with several patients with interesting results. Drawing lessons have been conducted with groups and individual patients. Designs and illustrations are encouraged for the hospital paper. In the spring an art exhibit was held in the library, which included some 80 pieces done by patients and employees. These represented varying techniques and mediums. University Extension Courses, under the Correspondence Division, have offered a group of subjects free of charge to patients. At the present writing six persons have signed for these courses representing English, Salesmanship, Bookkeeping, Shorthand and Auto Mechanics.

Recreational Therapy. 1. Community Sings. This year the Sings were carried on bi-weekly over a period of ten weeks during the summer months. Special features were planned for each meeting and included instrumental and vocal solos, movies of July 4th Field Day, silhouette cutting, etc. Led by two volunteer song leaders and a five-piece patient orchestra, the group averaged around 100 men and women. New song books were purchased and offered a good variety of selections.

2. Evening Ward Groups during the winter months have been conducted by student therapists. These have included simple dramatics, in the form of charades, one-act plays, spelling Bees, competitive games, cards, music and a Glee Club. Song books containing part-songs for male voices were secured and used.

3. O. T. Garret Club has not been very active this year. A puppet project was worked out and produced by a small group of our men. An exhibit of foreign travel posters was displayed at the same time. The department wishes to thank all travel agencies which contributed to our collection to be used as decorations in recreation rooms throughout the hospital.

4. Hill Topics, the hospital newspaper, has expanded into a two-sheet publication and is published every two weeks, about 400 copies being printed. During the past year new features introduced have been a Forecast, Doctor's Column and Free Speech Column. Patients continue to offer contributions and help in the actual printing and delivering of the paper.

5. The library has moved into larger quarters during the year. This has proved to be of great benefit as the room now contains tables and chairs used as a reading center. Furnishings for the room in the form of pillows, curtains, wall hangings and furniture painting have been done by patients as well as a catalogue file, book-ends, magazine rack and a large standing bulletin board which carries new reading lists, book reviews and items to stimulate a reading interest. A total of 920 books have been donated during the year. We wish to take this opportunity to express our appreciation of the interest shown. The library carries subscriptions to five magazines — Saturday Evening Post, American, Literary Digest, Atlantic Monthly and National Geographic. In addition, we wish to express our thanks for the gift subscriptions which are Saturday Evening Post, American, Woman's

World and Hunting and Fishing. The Peabody Institute Library has continued to accommodate us with a loan of books each month. These include all types of reading, as well as foreign books for our foreign reading patients.

Circulation statistics for the year show an average of 672 books checked out monthly of which there is an average of 59 non-fiction. Magazine average is 274 monthly.

Our bookbinding department has become an important part of the work. We have moved into bright quarters and carry on re-binding and repairing of books, as well as cataloging and marking books in preparation for the shelves. This work has been done with waste materials at hand.

6. Special parties are arranged by the Department and are given at holiday times for as many patients as can attend. Smaller functions are given from time to time for members of our classes only. An outstanding event of the past year was the 1934 Minstrel Show in which some 50 patients participated in the three performances.

During the year the department has taken over the handling of outside entertainments. We acknowledge the interest shown and time given on the parts of the following: Mr. Gilbert Lame; All Saint's Mission, Lynn; Mr. George Libby; Mrs. Hugh Walker; North Shore Conjuror's Club; Mrs. Ethel Robinson; Mr. Peter Spence; Mr. Chester Ferris; Mr. John Pratt Whitman; Ladies' Auxiliary Italian War Veterans; Mr. Henry Woelber; Mr. Frank Remick; Mr. Darius A. Ives; Tapleyville Improvement Society; East Lynn O. F. 3rd Degree Choir; Mr. Tom Senna; Rev. Remi B. Schuver; Mr. Angus Murdock; and Mr. Emil Fuchs and Mr. Edward Collins of the Boston Baseball Clubs.

Physical Education. Classes are grouped according to patients' conditions — deteriorated, stuporous, excited and improved. There have been a total of approximately 240 a year and an average of 160 per month. Classes are held in the chapel, on the wards and in the back yards.

Improved classes include marching, day's order followed by free play such as volley ball, basketball, indoor and outdoor tennis, hiking, dancing. A tumbling team has been organized with improved men. Six mattresses have been donated to the class and more work is to be done along this line during the winter. Permission has been given to flood the tennis court where skating for men and women is to be conducted. To date, five pair of skates have been donated for this purpose.

Work with deteriorated groups includes simple marching, day's order, simple relay games, jump rope, dancing. Special periods of music have been tried with disturbed patients and proved very quieting.

During summer and fall months, special groups of patients have been taken hiking about the grounds.

The annual Topsfield Fair booth which was prepared by the department represented practically all the treatment departments in the hospital. A series of placards, supplemented with pictures or exhibits, explained each activity. Those included were hydrotherapy, physiotherapy, beauty parlor, industrial therapy, occupational therapy, recreational therapy, library and physical education.

There have been in our training course this past year, two groups of students numbering two and four respectively, from the Boston School of Occupational Therapy. Each group spent six months in psychiatric instruction and practical experience.

A 21-hour course has been given each three months to the affiliating nurses at the hospital. Theory, observation and craft analysis and technique have comprised the course. The senior nurses of the Hospital Training School received a similar course of instruction.

The only change in personnel was the vacancy created by Miss Elizabeth Selfridge who left the department to accept a position in another hospital. Her place was filled by Miss Polly K. Francis.

CONSTRUCTION REPORT

The following report shows the accomplishments of this department during the past year:

Carpenters — Building box stalls in ox barn. Covering hennery roofs with roofing felt. Finishing garage for Cottage No. 2. Cleaning roofs on main buildings

and slating. Fitting up clothes room on ward D-1. Making shutters for greenhouse cold frames. Building stone drags and repairs on cards and wagons, in the shop. Hanging doors at transformer houses. Repairs on floors and boxstalls in barn. General repairs on laundry elevator. Building smoking room for patients. Making 500 feet 20 inch cement pipe. Changes and repairs on refrigerators in kitchen. Remodelling of Rear Center. Making desks and chairs in the shop. Putting continuous baths in J-2 Annex. Changing doors and making clothes room at Grove Hall. Fitting up linen room in Rear Center. Cutting doorway and fitting up room in Cottage No. 8. Repairs on basement rooms at Male Home. Repairs on meat tracks at Service Building. Changing and hanging coils in I-3 sun parlor. Making feeders and general repairs at hennerly. Making and putting feeding troughs in piggery. Changing and putting in new windows in Rear Center. Shingling and repairs on Male and Female Summer Houses. Taking out and putting in scales and platform at barn. Changing bulkheads at Rear Center. Taking off and putting on screens and storm windows at Main building and cottages. Building radiator boxes in chapel. Building of cart bodies in the shop. General repairs at male and female tubercular cottages. General repairs for painting at Cottage No. 5. Shingling roof and making general repairs at Cottage No. 3. New blinds and repairs for painting at Cottage No. 4. Finishing of offices in Rear Center. Building forms and cementing at coal trestle. Shingling walls of buildings at Middleton Colony. Changing over Grove Hall for patients. General work for industrial shop. Building of key cabinet. Building of forms for manure pit. Making tables and general repairs at slaughter house. Removing forms at coal trestle. Making of storm windows. Making mouldings for Middleton Colony.

Painters: Glass set for year: 1,513 lights. The following wards were painted inside: B-3, I-3, A-3, B-2. Partial painting done on most of the wards. New Rear Center offices painted. Painted outside of Service Building. Painted outside of Power House. Painted both cow barns inside. Trimmings of barn painted outside. Garage at Cottage No. 2 painted. Four rooms painted in Male Home. Continuous baths painted on ward J-2. Finishing of desks, chairs and furniture in the shop. Cottages No. 2 and No. 3 painted outside. Cottages No. 4 and No. 5 painted outside. Painting outside of male and female tubercular cottages. Painting of male and female summer houses. Painting of maternity barn. Painting iron fence around reservoir. Painting and papering Cottages No. 4, 5, and 9.

Masons — Building two brick transformer houses. Building brick room in sub-basement for acids. Building walls and plastering new offices in Rear Center. Changing Rear Center bulkheads. Pouring and finishing cement floors in Rear Center. New waterproof floors for J-2 continuous baths. New cement troughs at cow barns and piggery. Pouring and finishing cement coal trestle at power house. Brick work and cement in machine shop. General repairs at dairy. Pouring and finishing cement at manure pit.

Blacksmith — Shoeing of horses. Building stone drags. Repairs on carts and wagons. Repairs on farm machinery. Ironing of new cart bodies. Sharpening of drills and pickaxes. Repairs on iron grills and rails. Making of pipe hangers for machinists and plumbers. Making of metal tubs. Repairs on meat tracks, also latches and door fasteners. Repairs on grates and bars at power house. Repairs on trucks and tractors. General jobbing.

ENGINEER'S REPORT

A new continuous bath room was designed and installed in J-2 Annex. It consists of five bath tubs and one shower bath, all of which were previously used in other parts of the hospital, except the shower.

Two transforming stations were designed and installed, one at the stone crusher and one at the hennerly. All of the connections were made to primary and secondary underground cables, thus eliminating all pole lines for power and light.

A system of cow drinking cups and a heating system was designed and installed in the ox barn, while in the henhouse a system of twelve electric water pail heaters was installed.

The new offices in the E building were equipped with a heating system and electric wiring for light, telephone, and electric clocks were installed.

Because of the inadequate heating system in I-3 sun parlor a large heating coil was designed and installed as a replacement unit.

In the garage in the rear of Cottage No. 2 lighting and heating units were installed.

At the laundry a new and larger capacity wiring system was designed and installed for the ironing room and a new two-wire D. C. line leading from the machine shop to the power cabinet in the ironing room was installed.

A new underground steam line was installed from the female tubercular pavillion to the surgical room.

Because of the temporary closing of the hydrotherapy buildings it has been necessary to care for the general bathing elsewhere. In order to care for this problem temporary shower baths were installed in wards A-4, J-4, B-2, B-3 and I-3.

Refractory lined doors and frames were designed and installed for the gas fired retorts on the bakery ovens. This has greatly reduced the air infiltration as well as the consumption of gas.

FARM REPORT

Although the summer was marked by a drought of most unusual severity the yield of farm produce was not reduced to any great extent. The potato crop was a notable exception, however, and suffered severely from the lack of moisture. The hay crop and vegetables were better than in some previous seasons and ensilage corn slightly less. Yields of various products were: Potatoes: 3,300 bushels; hay, 300 tons; green feed, 150 tons; mangels, 50 tons; pork, 81,378 lbs.; beef, 14,798 lbs.; veal, 2,152 lbs.; fowl, 6,327 lbs.; broilers, 4,393 lbs.; eggs, 16,238 dozen; milk, 394,200 quarts.

The garden, which seemed to withstand the ravages of the drought better than the field crops, produced about two thousand dollars worth of vegetables more than the previous season.

During the past year the roads both gravel and tarred have been kept up in the usual good condition. The gravel roads have been thoroughly scrapped at regular intervals, and any breaks or holes appearing in the tarred surfaces have been promptly filled with crushed stone and asphalt. These practices have resulted in very good highways, maintained at a minimum of expense. No new roads and no new walks were built and no walks repaired.

An extensive area has been set apart as a parking place in the rear of the female T. B. Building, and this is now being graded to road level. This area will later be surfaced with crushed rock and will relieve the annoying congestion which now exists on the driveways, due to parking, both by visitors and employees. Two other parking spaces have also been finished this year; one, capable of caring for fifty cars, in front of the male attendants home, the other, for twenty cars, in the rear of Farm Hall.

Both have been dug to a depth of twenty-one inches, filled with field stone and surfaced with crushed rock, and they furnish an adequate answer to the demand for conveniently located parking space.

By an agreement with the authorities of the town of Middleton a number of large trees standing on Gregory Street are now being removed and an equal number of smaller trees are to be planted nearer to the street where they will not obstruct the cultivation of the fields as they do now. A good start has been made upon this project and it is hoped that the coming winter may witness its completion.

Several hundred small conifers have been planted along the Ipswich River road, which will in a short time hide the bare, unsightly ledges which render this part of the farm wholly unfitted for agricultural purposes. As the ledges are too extensive to be removed by blasting it was deemed best to hide them as far as possible in this manner. A considerable number of spruce and pine trees have been planted on "The Island" along the Ipswich river.

The abandoned gravel pit near the engineer's house at Middleton Colony is almost filled with stones, stumps and boulders, and this winter will probably see its completion. It will then be covered with loam and seeded to grass, thereby adding greatly to the appearance of the grounds on this part of the farm.

The sand pit alongside the abandoned Boston and Maine Railway track was planted this year for the first time since it was leveled. A fair yield of string beans

was harvested therefrom and the crops will doubtless become larger from year to year as cultivation and successive fertilizations add to the store of available plant food.

The work on the abandoned filter beds has been carried forward vigorously during the past year. A large group of disturbed patients has leveled a considerable area of bankings as well as broken out much of the concrete beds in which the drain tile was laid. During the past year this undertaking has furnished the teams with a great deal of work and it will, without doubt, do so again this year.

One hundred and twenty-two feet of 22 inch cement pipe, of our own manufacture, were laid in the brook at the end of the filter beds. This finishes the piping of the brook from a point near the stone crusher to as near the Ipswich River as was thought feasible.

The causeway through which the sewage flowed from the Middleton Colony to the filter beds was removed. This necessitated the blasting and hauling away of a large number of rocks, but this work has eliminated one of the most unkempt corners of the farm, and will, it is hoped, greatly hasten the drying out of the adjoining field. In addition a considerable amount of cast iron soil pipe, 7 inches in diameter, was salvaged.

The ditch dug for the laying of the electric light cable to Middleton Colony was filled in, all stones carefully removed, and grass seed was then sown, so that in a year or two this slash across the fields will be invisible.

Thirty rods of woven wire fence was erected around the stone crusher and continued along the road to join the fence erected last year. This fence was erected on large substantial posts and should give many years of service.

The large open ditch leading from the piggery through the meadow to the Ipswich River was, as usual, cleaned of the year's accumulation of mud, decayed vegetable matter, and debris of various sorts.

A triangular piece of ground, about $\frac{1}{2}$ acre, lying beyond the stone crusher was cleared, plowed, and will be available for planting in the spring of 1935. The clearing up of this corner squares up field No. 28 and adds to the appearance of the farm.

The section of wild land, about $1\frac{1}{2}$ acres, back of the cemetery of Middleton Colony was this year planted for the first time. It has taken much labor of teams, tractors and men to bring this part of the farm under the plow, but the yield of rutabaga turnips harvested this year demonstrates that this will be a valuable addition to the arable lands.

A concrete manure pit has been constructed in the rear of the salvage yard. This will retain the liquids which in the past have been allowed to drain away, making the whole vicinity unsightly and obnoxious. The increased amount of plant food obtained by impounding these liquids will no doubt pay many times over for the small expense of construction. Dirt from the parking place which is being built on the hill was banked around the walls of the pit and the general appearance of the entire locality has been greatly improved.

RELIGIOUS SERVICES

Throughout the year the usual religious services have been held each Sunday in the chapel. In addition to these, both Protestant and Catholic services have been held each month at the Middleton Colony. The Jewish patients met with the Rabbi at regular monthly intervals as in the past.

The following clergymen have held services at the institution during the year: Rev. Remi B. Schuver, Rev. Frank Perveley, Rev. Paul Mayer, Rev. William Grimes, Rev. Wayne Haskell, Rev. Kenneth Henley, Rev. John Knight, Rev. Nathan Matthews, Rev. Moses L. Sedar.

ACKNOWLEDGEMENTS

I desire to record my sincere appreciation to the many friends and organizations which have contributed their time and money to help bring comfort and cheer to my patients. To all hospitals officers and employees, who have served so loyally throughout the year, I wish to express my thanks.

I wish to express my gratitude to the Board of Trustees and the Department of Mental Diseases for their continued unflinching support and assistance in the many complicated problems of administration.

Respectfully submitted,
C. A. BONNER, M.D.
Superintendent.

REPORT OF TRAINING SCHOOL FOR NURSES

To the Superintendent of the Danvers State Hospital:

It is my privilege and pleasure to submit the forty-fifth annual report of the Training School for Nurses.

Personnel, November 30, 1934:

Principal of the School of Nursing	1
Assistant Principal of the School of Nursing	1
Chief Hospital Supervisor	1
Assistant Supervisor, day	1
Assistant Supervisor, night	1
Head Nurses, Graduates of Danvers State Hospital	10
Hydrotherapist	1

In regard to the training school, there were 123 requests for information; 45 less than in 1933. Forty-three applications were returned. Twenty-three students were accepted. Three have withdrawn. Three references were not satisfactory. Twelve failed to meet the requirements. One is under eighteen. One changed her mind. Three are making up required units.

On November 30, 1934 our students were as follows: Seniors, 12; Intermediates 13; Probationers, 14.

The affiliated nurses for the year ending November 30, 1934 were as follows:
Somerville Hospital: — Edna F. Buell, Dorothy Spriggs, Cecelia McLaughlin, Fannie Campbell, Helen Wells, Alice Landers, Agnes Copeland, Barbara Lynch, Marjorie Muller.

Chelsea Memorial Hospital: — Esther P. Simonds, Elizabeth G. McCann, Beatrice Noel, Helen T. Coffey, Eva MacDonald, Alice Hurley.

Leominster Hospital: — Grace Bowers, Alice Smith, Mary H. Murray.

Graduate Nurses for six months' course: — St. Albans Hospital, St. Albans, Vermont, Mamie Stevens.

Graduate Nurses for three months' course: — Burbank Hospital, Fitchburg, Pauline Bowers; Long Island College Hospital, New York, Mary Norton.

The graduating exercises were held September 26th. The following nurses received diplomas:

Ruby Philomina Belanger	Sophie Alte Levine
Marion Alison Blake	Arminta Evelyn Lewis
Roxy Ann Bogigian	Mildred Alice Maslanka
Mirian Beatrice Bourque	Maude Lewis MacDonald
Eva Adeline Callahan	Marion Elsie Milner
Jessie Frances Hobbs	Lillian Mirkin
Ruth Elizabeth Johnson	Mary Cecelia Perry
Anita Marion LeBlanc	Louise Gertrude Richardson

Mary Josephine Donoghue and Blanche Mae LeBlanc were unable to be present at the exercises because of illness.

Sophie Alte Levine was awarded the Alumnae prize of \$10 for highest rank for the three years.

Miss Mary Agnes Purcell, class of 1933, passed away October 17, 1934, from injuries sustained in an automobile accident.

In closing I wish to thank the members of the hospital staff for their help and cooperation during the past year.

Respectfully submitted,
OLIVE F. ESTEY, R.N.
Principal of the School of Nursing.

SOCIAL SERVICE REPORT

To the Superintendent of the Danvers State Hospital:

I herewith submit the annual report for the Social Service Department for the year beginning December 1, 1933 and ending November 30, 1934.

A total of 1,588 cases were referred to the Social Service Department. This figure includes both hospital patients and child guidance and adult clinic patients. Hospital cases numbered 1,028, and 254 were community clinic cases. Histories were obtained in 936 hospital cases. Of this number 576 were taken from relatives at the hospital and 360 from informants in the community. One hundred sixty-four child guidance clinic histories were obtained — 47 taken at clinic and 117 taken in the community. There were 44 adult mental hygiene clinic histories — 25 taken at clinic and 19 taken in the community. There were three outside cases referred to our department, in which instances we obtained histories for the examination of these patients. Fifty-seven cases were referred to us for investigation of conduct disorder of patients in the hospital. Three cases were referred to investigate employment conditions of patients. Twenty-four cases were referred for home investigation prior to patients' discharge from the hospital. In fifty instances investigations were made of statements made by patients and by their relatives in order to clear up any possible doubt concerning patients' diagnosis and mental condition. Visits were made to 89 patients on visit from the hospital, and 177 children in our child guidance clinics were supervised in the community by our department. Forty-three patients from the adult mental hygiene clinic were supervised by the Social Service Department in the community.

We have attempted to review our clinic work to see how far the economic depression is a factor in the problems and in our treatment of them. It is difficult to establish standards for judging economic stress. The communities in which our clinics are held vary greatly even in normal times. We have no criteria for judging our families' standards of living before the economic depression as we have not known the families that long. In some instances economic stress is evident, but it is not clear to us how much it is responsible for the problems for which the children are referred to the clinic. In Beverly, in 19 cases economic stress is not a factor. In 5 instances we have not sufficient data to determine whether or not economic stress is a factor. Ten families had a limited income, less than they were formerly accustomed to. In some of these cases the income was not adequate. In 15 families economic stress was a definite factor in the problems presented by the children. Four such families were living with relatives. This has caused crowded arrangements, created friction among the members of the household; there was interference on the part of relatives in the upbringing of the children. In these four cases and in others the parents were tense and anxious. There was a fear of future pregnancies when it was already difficult to support what children there were. Two families found it impossible to pay for needed medical attention.

Salem Child Guidance Clinic: There have been six cases referred to this clinic. Of these one family has not been able to keep up payments on their house and have lost it. In two families there was definite worry about finances and in two families relatives have had to move in together. Two fathers were holding jobs inferior to their former ones.

Haverhill Child Guidance Clinic: — There were 38 cases seen at the clinic this year — 27 new ones and 11 continued from the previous year. Sixteen families showed economic strain that was definitely recognized by the clinic and the family, but in only 11 instances did the economic factor directly affect the nature of the problem or treatment. The remaining five children presented problems such as feeble-mindedness, epilepsy, and speech defects, all of which would require attention quite apart from the financial status of the family. The nature of the problem and the treatment vary. In one the proper school placement could not be effected because the family could not afford to pay what was considered best for the child. In three instances the home life was irregular because the families either had to live with relatives or break up their immediate family group. In two instances the uppermost factor was lack of resources for recreation. In five families lack of financial resources prevented proper medical attention or sound mental health of either, or both parents to the extent that they could not cope with the children's problems.

Gloucester Child Guidance Clinic: The Gloucester Child Guidance Clinic met weekly until the last of January, and twice a month from then until June. Seven cases were seen, three of whom showed economic stress. Of these three, one had problems which seemed directly attributable to financial resources or lack of them. This was the case of a sixteen year old high school girl, whose mother had been brought up in comparative luxury. The girl's family lived comfortably until the father's business failed and the family had to descend to a modest plane of living. Subsequently the girl developed a marked feeling of inferiority, dissatisfaction with her present environment, sensitiveness and the conviction that money is the sole essential for happiness.

Newburyport Child Guidance Clinic: Thirteen cases were seen at clinic, and of these thirteen all but one showed a strained economic situation. This had a direct bearing on the problem or treatment in four cases. In one of these personality defects may be traced to the fact that the child, a boy of seven, was boarded in various foster homes until six months before his referral to the clinic, while his mother who was separated from his father worked to support the children. In another instance the father and step-mother both worked outside the home when able to find work, so that the child was denied the supervision she required. The third case was that of a boy for whom placement in a boarding school was strongly indicated but as yet no suitable school has been found, owing to the father's inability to pay for such.

Melrose Child Guidance Clinic: This clinic opened in November and so far there have been four cases, only one of whom was affected by economic stress. A recently widowed mother, whose husband provided comfortably for the family during his lifetime, was supporting her children on a marginal wage under the E.R.A. For several months the mother and children were separated owing to the financial situation and the child referred to clinic was fretful, complaining and unable to realize that she could not enjoy the pleasures she did formerly.

Lawrence Mental Hygiene Clinic: This clinic has been meeting twice a month and is held at the International Institute on Haverhill Street. In one case there was definitely no financial stress and in four other cases we have not sufficient data to determine whether or not there is. Three families had to struggle to get the bare necessities. Two families could not afford dues for Y.M.C.A. and one family could not afford carfare to go to church. Six other families were in low financial condition.

Two girls worried excessively about the family finances and this worry has definitely tended to produce a state of anxiety or irritability. One patient, a young man, showed definite mental symptoms as the result of inability to get and hold a job. He thought people felt he was no good because he was not working.

Lynn Child Guidance Clinic: This clinic started meeting this fall for only one-half day a week instead of a whole day a week. This is to bring the clinic more in conformity with our other clinics. There has been a total number of 75 cases. Of these, 57 showed economic stress. In these 57, 14 cases had their problems definitely affected by the economic stress, whereas in 43 cases of economic stress the latter did not seem to be a factor in the problems the children showed. In 14 instances we have not adequate information to determine economic stress. Of the 14 cases in which the economic factor affected the clinic work, in 10 of these it influenced the problem, and in 4 it influenced the treatment. There were four cases of stealing, which seemed influenced by the family's inability to provide an allowance for the children. One boy's father no longer had a car and the boy had taken his trips by running away from home. There was one case of physical complaints — psycho-neurosis. One family was living in inadequate conditions in a single room. The child referred to us could not concentrate and was restless. Of the four cases in which the economic stress was a factor in treatment, there were two cases in which the family was unable to provide for foster home placement. One boy was encouraged to steal by his father. For financial reasons the mother could not separate from the father and take the boy away from that environment. One mother claimed she "nagged" the patient because of her tenseness over the financial situation.

Lynn Adult Mental Hygiene Clinic: The total number of cases seen was 58. Of these, 52 showed economic stress. Of these 52, in 25 cases the economic stress affected either the problem or the treatment at clinic. Of these, there were 18 in

which the economic stress affected the problem. In 2 cases it changed the problem and in 7 cases it affected the treatment at the clinic. In 26 cases there was no apparent economic factor. In 12 cases we have not adequate information upon which to decide. In the cases in which economic stress is the factor in the problem, 9 were worried over financial matters to the extent that we considered this a contributing cause to their mental conditions. One young husband was unable to provide a home so that the wife became upset over her separation from husband and baby. One elderly man was quite upset emotionally over his dependence upon his children. One woman worried over her unemployment since the relatives, with whom she lived, were continually reminding her of her debts to them. In cases in which the economic stress is a factor in treatment, in 2 cases the economic situation prevented placement at school or camp. Two cases needed employment to occupy their attention from abnormal thinking. One patient was unable to afford anti-luetic treatment. A low-grade girl, who steals, was threatened with removal from an excellent foster home and school because of mother's inability to pay more board. A high school girl, who is the "mother" in the home, was unable to lighten her home duties because of the father's inability to hire a housekeeper.

The personnel of the department has remained the same. Miss Helen E. Riley had a two months' leave of absence in the spring for European travel. Mrs. Doris Day, a former student here, substituted during her absence. We had two students from the Department of Mental Diseases, Miss Sara Karp, a graduate of New York University, and Miss Doris Brown, a graduate of Smith College and the Boston Nursery School.

We have given up the Gloucester Child Guidance Clinic. Gloucester does not seem to be ready for such a clinic. So few cases were referred that it seemed not worthwhile to continue with the clinic. Two new clinics have been opened — one in Salem at the Pinkham Memorial, and one in Melrose at the Calvin Coolidge School.

With our added community clinic work there should be at least two additional social workers in our department. I am convinced that our set-up with an active mental hospital and eight community mental hygiene clinics, under the same auspices, furnishes an admirable training center for students in psychiatric social work. However, with the volume of our work and the present limited personnel it is impossible for us to give students adequate training. In order to do this the head worker should be relieved of much active case work.

In October, we moved into our new suite of offices, which gives more adequate space for a general office, a private office for the head worker, and two rooms for history taking and dictating.

Respectfully submitted,

MARY HENDERSON HOLLAND,
Head Social Worker.

REPORT OF THE CHILD GUIDANCE AND SCHOOL CLINICS

To the Superintendent:

It is my pleasure to submit the following report of the out-patient work among children in the Danvers State Hospital district:

The year ending November 30, 1934 was not only an unusually busy one but it was marked also by several changes. The addition of two new child guidance clinics, one in Salem, the other in Melrose, increased our fall schedule. In Salem the Business and Professional Women's Club was most active in sponsoring our establishment and they secured comfortable, adequate, and attractive quarters for us in the Pinkham Memorial building. Our Melrose clinic was an outgrowth of activities of a few interested Melrose residents. Later the Woman's Club and the school became interested and active. We have our weekly clinic here in the Calvin Coolidge School. With these two additional clinics it seemed wise to discontinue the Child Guidance Clinic in Gloucester. Now the Gloucester, Rockport, Manchester cases are cared for in the Beverly Habit Clinic.

With the opening of the fall activities we were fortunate to have an additional physician assigned to this branch of the work which has been growing in each of the last few years to proportions almost impossible for one physician to assume.

Dr. Lois E. Taylor thus became a member of our staff in September 1934. She is a graduate of the University of Vermont Medical College in 1933 and more recently completed her internship at the New England Hospital for Women and Children at Roxbury. Dr. Taylor has been working into the traveling school clinic phase and has spent three days a week in the schools. This represents more time (at least fifty percent) than we had been able to devote to this work in the last year or two.

Of the established clinics, Haverhill and Beverly continue as last year. The Lynn clinic enjoys the use of the Child Welfare House quarters as formerly, but instead of spending a full day at the clinic we are devoting only the forenoon in order that more time may be given by this department to the examination of Juvenile Delinquents.

The Lawrence Mental Hygiene Clinic moved into new quarters in October, 1934, when the International Institute moved from the Y. W. C. A. building into one at 125 Haverhill Street. We appreciate greatly the hospitality and cooperation which we enjoyed at the Y. W. C. A. It seemed rather preferable, however, to accept of two invitations offered the one of the International Institute because of the mixed attendance at our clinics.

A brief summary of the cases handled in the clinics the past year is pertinent at this time. There were 149 new child guidance cases treated in this period with many old ones continued. In the traveling school clinics, 370 children were examined and of these 94 represent the re-examinations. Of the 190 "Section 215" cases, Juvenile Delinquents, 46 were examined by this department, the balance was examined by other members of the hospital staff. So called "Outside Cases" which include special ones not listed under any clinic add fourteen more to our total of cases. These represent consultations at the Essex County Tuberculosis Sanatorium, cases examined at the hospital for the Society for the Prevention of Cruelty to Children, and similar referrals.

As is our usual custom the clinical assistants from Tufts Medical College, Occupational Therapy students and the student nurses in the Danvers State Hospital training school, as well as the affiliate nurses, attended the out-patient clinics to observe methods.

Respectfully submitted,

DORIS M. SIDWELL, M.D.

PSYCHOLOGICAL REPORT

To the Superintendent of the Danvers State Hospital:

It is my privilege to present the annual report of the Department of Psychology for the year ending November 30, 1934:

The three assistants of the department have been as follows: December 1933 to July or August 1934, Dorothy McLeod, Margaret Taylor and Kathleen Arnold; August to November 1934, Alice Shoenfuss, Faith Kellogg and Harriet Metzger. During the month of August we had the additional services of Warren Stearns, student assistant.

The extra-mural work of the hospital has occupied the larger part of our time. Routine psychometric tests have been given to children, as follows:

Cases in child guidance clinics	190
Court examinations of juvenile offenders	180
Cases examined in school clinics	433

Total out-patient cases 806

A psychometric examination, more or less complete, has been administered to every newly-admitted hospital patient under sixty years of age, excepting those patients who were in no condition for such examination or those who had been thoroughly examined on admission to the hospital at some previous time. The number of patients examined with a fair degree of adequacy was 425. Informal notes have been entered in the cases of 66 additional patients, concerning for the most part those patients who could not be induced to give satisfactory cooperation.

The total number of persons examined individually, in the hospital and in various out-patient clinics, was 1,297.

A group examination was given at Essex County Agricultural School in September, to aid in the classification of new students. 108 students were thus tested, and the report was given to the School. Also, in response to a special request, we gave a similar examination to a group of 22 children in the Ipswich public schools.

Four hours' instruction in psychometrics has been given to student nurses, medical internes, and the students of the occupational therapy department. This course has been repeated for each new group of visiting students. Also, six lectures on more general psychological topics have been given for each group of affiliate nurses.

Two published contributions appeared during the year, as follows: Written Tests for the Clinic, in *Journal of Genetic Psychology*; and Modification of the Kohs Block Design Test, in *Journal of Applied Psychology*. The tests described in these papers have been in regular use in this hospital since 1929, and are now made conveniently available for the use of other clinics.

We have in progress five projects for further improvement of our psychometric equipment, and three psychiatric studies based upon data contained in the hospital case records.

We have had ten all-day visits from psychologists employed in other institutions or clinics, also eighteen shorter visits from Wellesley and Wheaton students who came in small groups.

Respectfully submitted,

GRACE H. KENT, Ph. D.

VALUATION

November 30, 1934
REAL ESTATE

Land, 517.68 acres	\$99,112.00
Buildings and betterments	2,698,776.07

\$2,797,888.07

PERSONAL PROPERTY

Travel, transportation and office expenses	\$4,191.61
Food	9,322.48
Clothing and materials	17,851.60
Furnishings and household supplies	138,615.80
Medical and general care	10,622.72
Heat and other plant operation	12,390.69
Farm	65,800.50
Garage and grounds	1,815.75
Repairs	21,285.03

\$281,896.18

SUMMARY

Real estate	\$2,797,888.07
Personal property	281,896.18

\$3,079,784.25

FINANCIAL REPORT

To the Department of Mental Diseases:

I respectfully submit the following report of the finances of this institution for the fiscal year ending November 30, 1934.

STATEMENT OF EARNINGS

Board of Patients	\$103,976.65
Personal Services:	
Reimbursement from Board of Retirement	236.00
Sales:	
Travel, transportation and office expenses	\$2.00
Food	333.44
Clothing and materials	26.93
Furnishings and household supplies	14.08
Medical and general care	156.16
Heat and other plant operations	191.80
Garage and grounds	122.06
Repairs ordinary	135.65
Farm	437.96
Total Sales	\$1,420.08
Miscellaneous:	
Rents	829.00
Total Miscellaneous	\$106,461.73
Total earnings for the year	\$106,461.73

Total cash receipts reverting and transferred to the State Treasurer		\$106,452.01
Accounts receivable outstanding December 1, 1933	\$407.90	
Accounts receivable outstanding November 30, 1934	417.62	
Accounts receivable increased		\$9.72

MAINTENANCE APPROPRIATIONS

Balance from previous year, brought forward		\$13,253.83
Appropriation, current year		665,250.00

Total		\$678,503.83
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Expenditures as Follows:

1. Personal services	\$317,318.95	
2. Food	98,226.19	
3. Medical and general care	12,414.86	
4. Religious instruction	1,911.17	
5. Farm	27,145.51	
6. Heat and other plant operation	103,683.72	
7. Travel, transportation and office expenses	7,362.91	
8. Garage and grounds	6,555.30	
9. Clothing and materials	23,340.67	
10. Furnishings and household supplies	31,781.13	
11. Repairs ordinary	18,692.08	
12. Repairs and renewals	6,059.85	

Total maintenance expenditures		\$654,492.34
Balance of maintenance appropriation, November 30, 1934		24,011.49

\$678,503.83

SPECIAL APPROPRIATIONS

Balance December 1, 1933, brought forward	\$450.65	
Appropriations for current year		226,000.00

Total		\$226,450.65
Expended during the year (see statement below)	\$39,196.93	
Reverting to Treasury of Commonwealth	* 450.65	
(Star balances below that are reverting)		39,647.58

Balance November 30, 1934, carried to next year		\$186,803.07
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APPROPRIATION	Act or Resolve Ch.—Yr.	Total Amount Appropriated	Expended during Fiscal Year	Total Expended to Date	Balance at end of Year
Renovation of Rear Center furnishings — kitchen and cafeteria equipment	245-1931 170-1932	\$36,994.60	—	\$36,543.95	\$450.65*
Mass. State Project M 7 P.W.A. Docket 2641 Hydrotherapy Building		119,000.00	32,939.76	32,939.76	86,060.24
Mass. State Project M 42 P.W.A. Docket 4666 sprinklers, rewiring and fireproof stairs		107,000.00	6,257.17	6,257.17	100,742.83

PER CAPITA

During the year the average number of patients has been, 2,171
 Total cost of maintenance, \$654,492.34
 Equal to a weekly per capita cost of (52 weeks to year) \$5.797
 Total receipts for the year, \$106,452.01
 Equal to a weekly per capita of \$9.43
 Total net cost of maintenance for year (Total maintenance less total receipts), \$458,040.33
 Net weekly per capita, \$4.854.

Respectfully submitted,
 HULDA ARONSON,

Treasurer.

STATISTICAL TABLES

AS ADOPTED BY THE AMERICAN PSYCHIATRIC ASSOCIATION PRESCRIBED
 BY THE MASSACHUSETTS DEPARTMENT OF MENTAL DISEASES

TABLE 1. General Information

(Date correct at end of institution year November 30, 1934)

1. Date of opening as a hospital for mental diseases, May 13, 1878	
2. Type of hospital: State.	
3. Hospital plant:	
Value of hospital property:	
Real estate, including buildings	\$2,797,888.07
Personal property	281,896.18
Total	\$3,079,784.25
Total acreage of hospital property owned, 517.68	
Additional acreage rented: None.	
Total acreage under cultivation during previous year, 364.5.	

4. Officers and employees:

	Actually in Service at End of Year			Vacancies at End of Year		
	M.	F.	T.	M.	F.	T.
Superintendents	1	—	1	—	—	—
Assistant physicians	8	3	11	1	—	1
Clinical assistants	2	—	2	—	—	—
Total	11	3	14	1	—	1
Stewards	1	—	1	—	—	—
Resident dentists	1	—	1	—	—	—
Pharmacists	1	—	1	—	—	—
Graduate nurses	—	33	33	—	2	2
Other nurses and attendants	90	99	189	—	—	—
Occupational therapists	—	5	5	—	—	—
Social workers	—	4	4	—	1	1
All other officers and employees	85	55	140	1	2	3
Total officers and employees	189	199	388	2	5	7

5. Census of patient population at end of year:

	Actually in Hospital			Absent from Hospital but still on Books		
	M.	F.	T.	M.	F.	T.
WHITE:						
Insane	1,002	1,162	2,164	149	152	301
Mental defectives	—	1	1	—	—	—
Alcoholics	2	—	2	—	—	—
All other cases	3	1	4	—	—	—
Total	1,007	1,164	2,171	149	152	301
OTHER RACES:						
Insane	15	8	23	—	2	2
Total	15	8	23	—	2	2
Grand Total	1,022	1,172	2,194	149	154	303

6. Patients under treatment in occupational-therapy classes, including physical training, on date of report

	M.	F.	T.
7. Other patients employed in general work of hospital on date of report	82	172	254
8. Average daily number of all patients actually in hospital during year	680	452	1,132
9. Voluntary patients admitted during year	1,007	1,154	2,161
10. Persons given advice or treatment in out-patient clinics during year	4	2	6
	265	251	516

TABLE 2. *Movement of Patient Population for the Year Ended September 30, 1934*
(Data in all of the following tables are based on the Statistic Year, October 1, 1933 to September 30, 1934)

	TOTAL			REGULAR COURT COMMITMENT (INSANE)			OBSERVATION			TEMPORARY CARE			VOLUNTARY		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Patients on books of institution September 30, 1933.															
Admissions during year:															
First admissions	379	283	662	253	226	479	39	20	59	85	36	121	2	1	3
Readmissions	127	89	216	48	67	115	27	9	36	50	12	62	2	1	3
Total admissions	506	372'	878	301	293	594	66	29	95	135	48	183	4	2	6
Transfers from other mental hospitals	15	20	35	15	20	35									
Total received during year	521	392	913	316	313	629	66	29	95	135	48	183	4	2	6
Total on books during year	1,697	1,718	3,415	1,474	1,632	3,106	81	35	116	137	48	185	5	3	8
Discharged from books during year:															
As recovered	40	4	44	3	1	4	11	2	13	26	1	27			
As improved	158	160	318	132	135	267	11	16	27	15	9	24			
As unimproved	18	20	38	7	4	11	5	2	7	6	12	18			
As without psychosis	120	26	146	2		2	39	5	44	76	21	97	3		3
Total discharged to community	336	210	546	144	140	284	66	25	91	123	43	166	3	2	5
Transferred to other mental hospitals	64	33	97	64	33	97									
Died during year	126	149	275	111	142	253	4	3	7	11	4	15			
Total discharged, transferred and died during year	526	392	918	319	315	634	70	28	98	134	47	181	3	2	5
Patients remaining on books of hospital at end of year:															
In hospital	1,022	1,172	2,194	1,016	1,167	2,183	2	4	6	3	1	4	1		1
On parole or otherwise absent	149	154	303	149	154	303									
Total	1,171	1,326	2,497	1,165	1,321	2,486	2	4	6	3	1	4	1		1

¹The total males and females in Insane, Voluntary and Observation groups will not balance through September 30, 1934, owing to the fact that 9 male and 3 female patients had a C.L.S. during the year from Observation 100 to Court 100 and one female and one male patient had a C.L.S. from Voluntary to Regular Court 51.

SUPPLEMENTARY DATA

SUPPLEMENTARY DATA				
	M.	F.	T.	
Average daily number of patients on books during year	1,165	1,321	2,486	
Actually in institution during year	1,007	1,153	2,160	
In family care	—	9	9	
On visit	150	158	308	
On escape	8	1	9	
Number of patients actually remaining in institution September 30, 1934:				
State	914	955	1,869	
Reimbursing	108	217	325	
Number of patients in family care September 30, 1934:				
State	—	8	8	
Private	—	1	1	
Number of non-insane patients in hospital at end of institution year:				
Mentally defective	—	1	1	
Others	5	1	6	

TABLE 3. *Nativity of First Admissions and of Parents of First Admission*

NATIVITY	PATIENTS			PARENTS OF MALE PATIENTS			PARENTS OF FEMALE PATIENTS		
	M.	F.	T.	Fathers	Mothers	Both Parents	Fathers	Mothers	Both Parents
United States ¹	159	156	315	86	84	71	80	81	70
Australia	2	—	2	2	2	2	1	1	1
Belgium	—	1	1	—	—	—	1	1	1
Canada ²	30	19	49	41	43	35	27	26	22
England	6	5	11	10	8	6	9	8	5
Finland	—	—	—	1	1	1	—	—	—
France	—	1	1	—	1	—	1	1	1
Germany	1	7	8	3	4	2	10	8	8
Greece	5	—	5	5	5	5	—	—	—
Hungary	—	—	—	—	—	—	1	1	1
Ireland	13	11	24	40	39	35	40	40	36
Italy	16	4	20	22	21	21	7	7	7
Norway	—	1	1	—	—	—	1	1	1
Poland	6	3	9	8	8	8	7	7	7
Portugal	1	—	1	1	1	1	1	1	1
Russia	3	6	9	6	6	6	12	10	10
Scotland	1	5	6	6	4	2	6	6	5
Sweden	2	3	5	2	2	2	7	6	6
Turkey in Europe.	2	—	2	2	2	2	1	1	1
Other countries	5	4	9	7	7	7	4	4	4
Unknown	1	—	1	11	15	10	10	16	9
Total	253	226	479	253	253	216	226	226	196

¹Persons born in Hawaii, Porto Rico and the Virgin Islands should be recorded as born in the U. S.)²Includes Newfoundland.

TABLE 4. Age of First Admissions Classified with Reference to Nativity, and Length of Residence in the United States of the Foreign Born

AGE AT ADMISSION YEARS	AGGREGATE			NATIVE BORN						FOREIGN BORN								Nativity Unknown						
				TOTAL			PARENTAGE			Total	TIME IN UNITED STATES BEFORE ADMISSION													
							Native	Foreign	Mixed		Unknown	Under 5 years	5-9 years	10-14 years	15 years and over	M. F. T.								
	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.								
0-14	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1								
15-19	12	12	24	5	4	9	1	1	1	1	1	1	1	1	1	1								
20-24	17	10	27	3	4	7	1	1	1	1	1	1	1	1	1	1								
25-29	18	11	29	4	5	9	1	1	1	1	1	1	1	1	1	1								
30-34	15	11	26	4	3	7	2	3	5	3	3	3	3	3	3	3								
35-39	21	15	36	9	3	12	4	2	6	4	4	4	4	4	4	4								
40-44	22	24	46	5	5	10	1	1	2	1	1	1	1	1	1	1								
45-49	25	26	51	4	10	14	1	1	2	1	2	1	2	1	2	1								
50-54	18	22	40	4	6	10	2	2	1	3	2	2	1	3	2	2								
55-59	13	13	26	11	8	19	1	2	1	3	2	2	2	1	3	2								
60-64	26	21	47	15	3	18	1	1	1	1	1	1	1	1	1	1								
65-69	14	9	23	10	6	16	2	3	5	3	1	4	3	7	2	5								
70-74	23	18	41	7	5	12	1	1	1	1	1	1	1	1	1	1								
75-79	9	17	26	4	3	7	1	2	3	1	2	3	1	2	2	2								
80-84	13	13	26	4	8	12	3	6	9	1	1	1	3	10	13	1								
85 years and over	6	4	10	2	2	4	2	2	4	1	1	1	3	2	5	2								
Total	253	226	479	159	156	315	71	70	141	51	54	105	30	26	56	79	63	142	10	4	14	1	1	1

TABLE 5. *Citizenship of First Admissions*

	Males	Females	Total
Citizens by birth	159	156	315
Citizens by naturalization	49	27	76
Aliens	28	24	52
Citizenship unknown	17	19	36
Total	253	226	479

TABLE 6. *Race of First Admissions Classified with Reference to Principal Psychoses*

RACE	Total			With syphilitic meningo-encephalitis			With other forms of syphilis			With epidemic encephalitis			With other infectious diseases			Alcoholic psychoses		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (blk.)	2	1	3	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
Indian	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Armenian	2	1	3	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-
English	29	57	86	-	1	1	-	-	-	-	-	-	1	1	-	2	-	2
Finnish	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
French	18	14	32	2	-	2	-	-	-	-	-	-	-	-	-	6	1	7
German	3	8	11	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
Greek	7	-	7	4	-	4	-	-	-	-	-	-	-	-	-	-	-	-
Hebrew	5	16	21	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-
Irish	51	47	98	2	-	2	-	-	-	-	-	-	-	-	-	10	1	11
Italian ¹	22	8	30	3	1	4	-	-	-	-	-	-	-	-	-	1	1	2
Lithuanian	3	3	6	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2
Portuguese	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Scandinavian ²	2	7	9	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-
Scotch	4	7	11	1	2	3	-	-	-	-	-	-	-	-	-	-	1	1
Slavonic ³	10	5	15	1	-	1	-	1	1	-	-	-	-	-	-	2	1	3
Syrian	2	2	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other specific races	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mixed	88	40	128	5	2	7	1	-	1	1	-	1	-	-	-	9	-	9
Race unknown	2	8	10	-	2	2	-	-	-	-	-	-	1	1	-	-	-	-
Total	253	226	479	19	9	28	1	1	2	1	1	2	1	2	3	33	5	38

TABLE 6. *Race of First Admissions Classified with Reference to Principal Psychoses — Continued*

RACE	Due to drugs, etc.			Traumatic psychoses			With cerebral arterio-sclerosis			With other disturbances of circulation			With convulsive disorders (epilepsy)			Senile psychoses		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-
American Indian	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Armenian	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
English	-	-	-	-	-	-	15	22	37	1	-	1	-	1	1	-	7	7
Finnish	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
French	1	-	1	-	-	-	4	2	6	-	-	-	-	-	-	-	1	1
German	-	-	-	-	-	-	-	6	6	-	-	-	-	-	-	1	1	2
Greek	-	-	-	1	-	1	1	-	1	-	-	-	-	-	-	-	-	-
Hebrew	-	-	-	-	-	-	1	3	4	-	-	-	-	-	-	-	-	-
Irish	-	-	-	1	-	1	18	17	35	-	-	-	-	2	2	-	1	1
Italian ¹	-	-	-	-	-	-	3	-	3	-	-	-	-	-	-	-	-	-
Lithuanian	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Portuguese	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-
Scandinavian ²	-	-	-	-	-	-	-	1	1	1	-	1	-	-	-	-	2	2
Scotch	-	-	-	-	-	-	1	2	3	-	-	-	-	-	-	-	-	-
Slavonic ³	-	-	-	1	-	1	2	-	2	-	-	-	1	1	-	-	-	-
Other specific races	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mixed	-	-	-	-	1	1	26	10	36	-	1	1	-	-	-	5	1	6
Race unknown	-	-	-	-	-	-	1	4	5	-	-	-	-	-	-	-	1	1
Total	1	-	1	3	1	4	73	68	141	2	1	3	-	4	4	6	14	20

¹Includes "North" and "South".²Norwegians, Danes and Swedes.³Includes Bohemian, Bosnian, Croatian, Dalmatian, Herzegovinian, Montenegrin, Moravian, Polish, Russian, Ruthenian, Servian, Slovak, Slovenian.

TABLE 6. *Race of First Admissions Classified with Reference to Principal Psychoses — Continued*

RACE	Involuntional psychoses			Due to other metabolic diseases, etc.			Due to new growth			With organic changes of nervous system			Psycho-neuroses			Manic-depressive psychoses		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
American Indian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Armenian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
English	1	4	5	—	2	2	—	—	—	—	1	1	—	—	—	2	5	7
Finnish	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
French	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	2	2	—
German	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Greek	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hebrew	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	—	1
Irish	2	5	7	2	1	3	—	—	—	—	—	—	1	1	—	1	3	4
Italian ¹	—	—	—	1	—	1	—	—	—	1	1	2	1	—	1	1	1	2
Lithuanian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Portuguese	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scandinavian ²	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	1	1
Scotch	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Slavonic ³	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Syrian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other specific races	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Mixed	—	2	2	1	2	3	—	1	1	1	1	2	1	1	2	11	4	15
Race unknown	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Total	3	12	15	4	6	10	—	1	1	3	3	6	2	4	6	17	18	35

TABLE 6. *Race of First Admissions Classified with Reference to Principal Psychoses — Concluded*

RACE	Dementia praecox			Paranoia and paranoid conditions			With psychopathic personality			With mental deficiency			Without psychoses			Primary behavior disorders		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
American Indian	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Armenian	—	1	1	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—
English	4	8	12	1	—	1	—	1	1	2	4	6	1	—	1	—	—	—
Finnish	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
French	4	6	10	—	—	—	—	—	—	1	1	2	—	—	—	—	—	—
German	1	—	1	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—
Greek	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hebrew	3	7	10	—	—	—	—	—	—	—	4	4	—	—	—	—	—	—
Irish	11	14	25	1	1	2	—	—	—	2	1	3	1	—	1	—	—	—
Italian ¹	8	4	12	1	—	1	—	—	—	2	—	2	—	—	—	—	—	—
Lithuanian	1	3	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Portuguese	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—
Scandinavian ²	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scotch	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Slavonic ³	3	1	4	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—
Syrian	1	—	1	—	—	—	—	—	—	—	2	2	—	—	—	1	—	1
Other specific races	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mixed	23	12	35	—	—	—	1	1	2	3	1	4	—	—	—	—	—	—
Race unknown	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	64	58	122	4	1	5	2	2	4	10	15	25	3	—	3	1	—	1

¹Includes "North" and "South."²Norwegians, Danes and Swedes.³Includes Bohemian, Bosnian, Croatian, Dalmatian, Herzegovinian, Montenegrin, Moravian, Polish, Russian, Ruthenian, Servian, Slovak, Slovenian.

TABLE 7. *Age of First Admissions Classified with Reference to Principal Psychoses*

PSYCHOSES	Total			0-14 years			15-19 years			20-24 years			25-29 years		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	19	9	28	-	-	-	-	-	-	-	-	-	-	-	-
With other forms of syphilis	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-
With epidemic encephalitis	1	1	2	-	-	-	-	-	-	1	-	1	-	-	-
With other infectious diseases	1	2	3	-	-	-	-	-	-	-	-	-	-	-	-
Alcoholic psychoses	33	5	38	-	-	-	-	-	-	-	-	-	1	-	1
Due to drugs, etc.	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
Traumatic psychoses	3	1	4	-	-	-	1	-	1	-	-	-	1	-	1
With cerebral arteriosclerosis	73	68	141	-	-	-	-	-	-	-	-	-	-	-	-
With other disturbances of circulation	2	1	3	-	-	-	-	-	-	-	-	-	-	-	-
With convulsive disorders (epil.)	-	4	4	-	-	-	-	-	-	-	-	-	-	1	1
Senile psychoses	6	14	20	-	-	-	-	-	-	-	-	-	-	-	-
Involuntal psychoses	3	12	15	-	-	-	-	-	-	-	-	-	-	-	-
Due to other metabolic diseases, etc.	4	6	10	-	-	-	-	-	-	-	-	-	-	-	-
Due to new growth	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-
With organic changes of nervous system	3	3	6	-	-	-	-	-	-	-	-	-	-	-	-
Psychoneuroses	2	4	6	-	-	-	-	-	-	-	-	-	-	-	-
Manic-depressive psychoses	17	18	35	-	-	-	1	-	1	1	-	1	-	1	1
Dementia praecox	64	58	122	-	-	-	8	9	17	13	8	21	15	8	23
Paranoia and paranoid condition	4	1	5	-	-	-	-	-	-	-	-	-	-	-	-
With psychopathic personality	2	2	4	-	-	-	1	1	2	-	1	1	-	-	-
With mental deficiency	10	15	25	-	-	-	1	2	3	1	1	2	1	1	2
Without psychosis	3	-	3	1	-	1	-	-	-	-	-	-	-	-	-
Primary behavior disorders	1	-	1	-	-	-	-	-	-	1	-	1	-	-	-
Total	253	226	479	1	-	1	12	12	24	17	10	27	18	11	29

TABLE 7. *Age of First Admissions Classified with Reference to Principal Psychoses — Continued*

PSYCHOSES	30-34 years			35-39 years			40-44 years			45-49 years			50-54 years			55-59 years		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	2	-	2	5	1	6	5	3	8	3	1	4	2	1	3	-	2	2
With other forms of syphilis	-	-	-	-	-	-	1	1	2	-	-	-	-	-	-	-	-	-
With epidemic encephalitis	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-
With other infectious diseases	-	1	1	1	-	1	-	-	-	-	1	1	-	-	-	-	-	-
Alcoholic psychoses	2	-	2	3	2	5	3	1	4	10	2	12	8	-	8	3	-	3
Due to drugs, etc.	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
Traumatic psychoses	-	-	-	-	1	1	-	-	-	1	-	1	-	-	-	-	-	-
With cerebral arteriosclerosis	-	-	-	-	1	1	-	-	-	-	-	-	2	4	6	2	5	7
With other disturbances of circulation	-	-	-	-	-	-	-	-	-	1	1	2	-	-	-	-	-	-
With convulsive disorders (epil.)	-	-	-	-	-	-	-	1	1	-	1	1	-	-	-	-	-	-
Senile psychoses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Involuntal psychoses	-	-	-	-	-	-	-	1	1	1	3	4	2	5	7	-	1	1
Due to other metabolic diseases etc.	-	3	3	-	-	-	1	-	1	-	2	2	1	-	1	-	-	-
Due to new growth	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With organic changes of nervous system	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	1	1	2
Psychoneuroses	-	1	1	1	-	1	-	1	1	-	-	-	1	2	3	-	-	-
Manic-depressive psychoses	-	1	1	-	-	-	1	6	7	2	4	6	2	1	3	6	2	8
Dementia praecox	10	3	13	6	10	16	10	2	12	2	8	10	-	7	7	-	2	2
Paranoia and paranoid conditions	-	-	-	1	-	1	-	-	-	1	1	2	-	-	-	-	-	-
With psychopathic personality	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-
With mental deficiency	1	2	3	2	-	2	-	7	7	3	2	5	-	-	-	1	-	1
Without psychosis	-	-	-	1	-	1	1	-	1	-	-	-	-	-	-	-	-	-
Primary behavior disorders	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	15	11	26	21	15	36	22	24	46	25	26	51	18	22	40	13	13	26

TABLE 7. Age of First Admissions Classified with Reference to Principal Psychoses — Concluded

PSYCHOSES	60-64 years			65-69 years			70-74 years			75-79 years			80-84 years			85 years and over		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo- encephalitis	2	1	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With other forms of syphilis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With epidemic encephalitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With other infectious diseases	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Alcoholic psychoses	3	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Due to drugs, etc.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Traumatic psychoses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With cerebral arterio- sclerosis	13	14	27	12	8	20	19	11	30	9	12	21	10	9	19	6	4	10
With other disturbances of circulation	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-
With convulsive dis- orders (epilepsy)	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-
Senile psychoses	-	1	1	1	-	1	2	4	6	-	5	5	3	4	7	-	-	-
Involuntional psychoses	-	2	2	-	-	-	-	-	-	-	-	5	-	-	-	-	-	-
Due to other metabolic diseases, etc.	2	-	2	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-
Due to new growth	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-
With organic changes of nervous system	-	-	-	1	-	1	1	-	1	-	-	-	-	-	-	-	-	-
Psychoneuroses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Manic-depressive psy- choses	4	2	6	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-
Dementia praecox	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Paranoia and paranoid conditions	2	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With psychopathic per- sonality	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With mental deficiency	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Without psychoses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Primary behavior dis- orders	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	26	21	47	14	9	23	23	18	41	9	17	26	13	13	26	6	4	10

TABLE 10. *Economic Condition of First Admissions Classified with Reference to Principal Psychoses*

PSYCHOSES	Total			Dependent			Marginal			Com- fortable	Unknown
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M. F. T.	M. F. T.
With syphilitic meningo- encephalitis	19	9	28	9	1	10	10	8	18	- - -	- - -
With other forms of syphilis	1	1	2	-	-	-	1	1	2	- - -	- - -
With epidemic encephalitis	1	1	2	1	1	2	-	-	-	- - -	- - -
With other infectious diseases	1	2	3	-	-	-	1	2	3	- - -	- - -
Alcoholic psychoses	33	5	38	10	-	10	23	5	28	- - -	- - -
Due to drugs, etc.	1	-	1	-	-	-	1	-	1	- - -	- - -
Traumatic psychoses	3	1	4	1	-	1	2	1	3	- - -	- - -
With cerebral arteriosclerosis	73	68	141	35	35	70	37	33	70	- - -	1 - 1
With other disturbances of circulation	2	1	3	1	-	1	1	1	2	- - -	- - -
With convulsive disorders (epilepsy)	-	4	4	-	1	1	-	3	3	- - -	- - -
Senile psychoses	6	14	20	5	8	13	1	5	6	- - -	- 1 1
Involuntary psychoses	3	12	15	2	2	4	1	9	10	- 1 1	- - -
Due to other metabolic di- eases, etc.	4	6	10	2	-	2	2	5	7	- 1 1	- - -
Due to new growth	-	1	1	-	-	-	-	1	1	- - -	- - -
With organic changes of ner- vous system	3	3	6	1	1	2	2	2	4	- - -	- - -
Psychoneuroses	2	4	6	1	-	1	1	4	5	- - -	- - -
Manic-depressive psychoses	17	18	35	3	3	6	13	15	28	1 - 1	- - -
Dementia praecox	64	58	122	32	19	51	31	38	69	- 1 1	1 - 1
Paranoia and paranoid con- ditions	4	1	5	-	-	-	3	1	4	1 - 1	- - -
With psychopathic personality	2	2	4	2	2	4	-	-	-	- - -	- - -
With mental deficiency	10	15	25	7	10	17	3	5	8	- - -	- - -
Without psychoses	3	-	3	2	-	2	1	-	1	- - -	- - -
Primary behavior disorders	1	-	1	-	-	-	1	-	1	- - -	- - -
Total	253	226	479	114	83	197	135	139	274	2 3 5	2 1 3

TABLE 11. *Use of Alcohol by First Admissions Classified with Reference to Principal Psychoses*

PSYCHOSES	Total			Abstinent			Temperate			Intemperate			Unknown
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M. F. T.
With syphilitic meningo- encephalitis	19	9	28	6	4	10	9	3	12	4	2	6	- - -
With other forms of syphilis	1	1	2	1	-	1	-	-	-	-	1	1	- - -
With epidemic encephalitis	1	1	2	1	1	2	-	-	-	-	-	-	- - -
With other infectious diseases	1	2	3	-	2	2	1	-	1	-	-	-	- - -
Alcoholic psychoses	33	5	38	-	-	-	-	-	-	33	5	38	- - -
Due to drugs, etc.	1	-	1	-	-	-	1	-	1	-	-	-	- - -
Traumatic psychoses	3	1	4	2	1	3	1	-	1	-	-	-	- - -
With cerebral arteriosclerosis	73	68	141	33	62	95	22	5	27	17	1	18	1 - 1
With other disturbances of circulation	2	1	3	-	-	-	2	1	3	-	-	-	- - -
With convulsive disorders (epilepsy)	-	4	4	-	4	4	-	-	-	-	-	-	- - -
Senile psychoses	6	14	20	4	13	17	1	-	1	1	-	1	- 1 1
Involuntary psychoses	3	12	15	2	11	13	1	1	2	-	-	-	- - -
Due to other metabolic di- eases, etc.	4	6	10	1	5	6	1	-	1	2	1	3	- - -
Due to new growth	-	1	1	-	1	1	-	-	-	-	-	-	- - -
With organic changes of nervous system	3	3	6	3	2	5	-	1	1	-	-	-	- - -
Psychoneuroses	2	4	6	1	4	5	1	-	1	-	-	-	- - -
Manic-depressive psychoses	17	18	35	12	17	29	4	1	5	1	-	1	- - -
Dementia praecox	64	58	122	38	52	90	17	4	21	8	2	10	1 - 1
Paranoia and paranoid con- ditions	4	1	5	-	1	1	3	-	3	1	-	1	- - -
With psychopathic person- ality	2	2	4	2	1	3	-	-	-	-	-	-	- 1 1
With mental deficiency	10	15	25	6	13	19	3	1	4	1	1	2	- - -
Without psychoses	3	-	3	2	-	2	-	-	-	1	-	1	- - -
Primary behavior disorders	1	-	1	1	-	1	-	-	-	-	-	-	- - -
Total	253	226	479	115	194	309	67	17	84	69	13	82	2 2 4

TABLE 12. Marital Condition of First Admissions Classified to Principal Psychoses

PSYCHOSES		Total		Single			Married			Widowed			Divorced			Separated			Unknown		
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.		
		19	9	28	5	1	6	13	8	21	1	-	1	-	1	-	-	-	-	-	
		1	1	2	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	
		1	1	2	-	1	1	1	-	1	-	-	-	-	-	-	-	-	-	-	
		1	2	3	1	-	1	-	-	-	-	2	2	-	-	-	-	-	-	-	
		33	5	38	12	-	12	17	4	21	-	-	4	1	5	-	-	-	-	-	
		1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		3	1	4	2	1	3	1	-	1	-	-	-	-	-	-	-	-	-	-	
		73	68	141	18	14	32	29	23	52	22	30	52	3	1	4	-	-	1	1	
		2	1	3	-	-	-	1	1	2	-	-	-	1	-	1	-	-	-	-	
		4	4	4	-	3	3	2	1	1	1	-	-	-	-	-	-	-	-	-	
		6	14	20	2	6	8	2	1	2	1	8	9	-	-	1	-	-	-	-	
		3	12	15	2	5	7	1	5	6	-	1	1	-	1	-	-	-	-	-	
		4	6	10	1	-	1	3	5	8	-	1	1	-	-	-	-	-	-	-	
		-	1	1	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	
		3	3	6	-	-	-	3	1	4	-	2	2	-	-	-	-	-	-	-	
		-	6	6	1	1	2	1	3	4	-	-	-	-	-	-	-	-	-	-	
		17	18	35	4	2	6	12	14	26	1	2	3	-	-	-	-	-	-	-	
		64	58	122	47	32	79	17	25	42	-	1	1	-	-	-	-	-	-	-	
		4	1	5	1	-	1	3	1	4	-	-	-	-	-	-	-	-	-	-	
		2	2	4	2	1	3	-	-	-	-	-	-	-	-	-	-	-	1	1	
		10	15	25	8	10	18	2	5	7	-	-	-	-	-	-	-	-	-	-	
		3	-	3	2	-	2	1	-	-	-	-	-	-	-	-	-	-	-	-	
		1	-	1	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	
		253	226	479	109	77	186	108	97	205	25	48	73	1	1	2	1	1	1	2	

TABLE 13. — *Mental Disorders of All Admissions, All Discharges, All Deaths, 1934, All Cases in Residence and All Cases Out on September 30, 1934, by Status of Admission and Sex — Continued*

MENTAL DISORDERS	ALL ADMISSIONS*						ALL DISCHARGES*						ALL DEATHS					
	FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Paranoid type	19	18	37	3	7	10	12	16	28	3	3	6	1	4	5	—	1	1
Other types	1	2	3	3	—	3	—	—	—	1	1	2	—	—	—	—	1	1
Paranoia	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paranoid conditions	3	2	5	2	1	3	1	5	6	1	1	2	1	3	4	—	—	—
With psychopathic personality	2	2	4	1	1	2	2	—	2	—	—	—	—	—	—	—	—	—
With mental deficiency:																		
Idiot	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Imbecile	3	3	6	—	1	1	1	1	1	—	—	—	—	1	1	—	—	—
Moron	7	12	19	2	1	3	3	2	5	2	1	3	1	1	2	1	—	1
Unknown	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Without Psychoses:																		
Alcoholism	32	2	34	32	2	34	33	2	35	31	2	33	—	—	—	—	—	—
Drug addiction	1	1	2	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—
Disorders due to epidemic encephalitis	—	1	1	1	1	2	1	1	2	1	1	2	—	—	—	—	—	—
Psychopathic personality:																		
With pathological sexuality	—	—	—	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—
With pathological emotionality	4	—	4	2	—	2	4	—	4	2	—	2	—	—	—	—	—	—
With asocial or amoral trends	1	—	1	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—
Mixed types	2	—	2	2	—	2	1	—	1	2	—	2	—	—	—	—	—	—
Epilepsy	1	1	2	1	—	1	1	1	1	1	—	1	—	—	—	—	—	—
Mental deficiency:																		
Imbecile	1	1	2	1	—	1	1	1	2	1	—	1	—	—	—	—	—	—
Moron	2	1	3	3	—	3	2	—	2	3	—	3	—	—	—	—	—	—
Epilepsy and mental deficiency:																		
Imbecile	1	—	1	1	1	2	—	—	—	—	1	1	—	—	—	—	—	—
Moron	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other non-psychotic diseases or conditions.	9	2	11	3	2	5	10	2	12	4	2	6	—	—	—	—	—	—
No other condition	8	7	15	1	3	4	6	8	14	1	3	4	—	—	—	—	—	—
Primary Behavior Disorders:																		
Simple adult maladjustment	6	2	8	2	—	2	6	2	8	2	—	2	—	—	—	—	—	—
Primary behavior disorders in children:																		
Habit disturbance	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—
Conduct disturbance	3	—	3	—	—	—	3	—	3	—	—	—	—	—	—	—	—	—
Grand Total	379	283	662	127	89	216	226	153	379	110	57	167	110	133	243	16	16	32

*Does not include transfers

TABLE 13. — *Mental Disorders of All Admissions, All Discharges, All Deaths, 1934, All Cases in Residence and All Cases Out of on September 30, 1934, by Status of Admission and Sex — Continued*

	MENTAL DISORDERS						RESIDENT POPULATION						PATIENTS OUT ON VISIT, ETC. a					
							FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSION			READMISSIONS		
							M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
							M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
<i>Psychoses Due to or Associated with Infection:</i>																		
Syphilis of the central nervous system:																		
Meningo-encephalitic type (general paresis)							41	10	51	16	7	23	6	2	8	2	3	5
Meningo-vascular type (cerebral syphilis)							4	2	6	1	3	4	—	—	—	—	—	—
With intracranial gumma.							1	—	1	—	—	—	—	—	—	—	—	—
Other types.							1	1	2	—	—	—	1	—	1	—	—	—
With epidemic encephalitis.							8	5	13	2	4	6	2	—	2	2	2	2
With tuberculous meningitis.							1	—	1	—	—	—	—	—	—	—	—	—
With other infectious disease.							1	1	2	—	—	—	—	—	—	—	—	—
Post-infectious psychoses.							—	—	—	—	—	—	—	1	1	—	—	—
<i>Psychoses Due to Intoxication:</i>																		
Due to Alcohol:																		
Pathological intoxication.							—	1	1	—	—	—	2	—	2	—	—	—
Delirium tremens.							5	—	5	1	—	1	1	1	2	—	—	—
Kowakow's psychosis.							6	1	7	2	—	2	1	—	1	—	—	—
Acute hallucinosis.							7	4	11	3	—	3	3	—	6	—	—	—
Other types.							52	9	61	20	2	22	5	1	6	2	—	2
Due to drugs or other exogenous poisons:																		
Due to gases.							—	—	—	—	—	—	1	—	1	—	—	—
Due to other drugs.							—	—	—	—	—	—	—	—	—	—	1	1
<i>Psychoses Due to Trauma:</i>																		
Traumatic delirium.							2	—	2	—	—	—	1	—	1	—	—	—
Post-traumatic personality disorders.							3	1	4	—	—	—	1	—	1	—	—	—
Post-traumatic mental deterioration.							2	—	2	1	—	1	1	—	1	—	—	—
Other types.							1	—	1	—	—	—	—	—	—	—	—	—
<i>Psychoses Due to Disturbance of Circulation:</i>																		
With cerebral arteriosclerosis.							82	79	161	5	16	21	10	9	19	1	2	3
With cerebral embolism.							—	—	2	—	—	—	—	—	—	—	—	—
With cardio-renal disease.							1	2	3	—	—	—	—	—	—	—	—	—
Other types.							—	—	—	—	—	—	1	—	1	—	—	—
<i>Psychoses Due to Convulsive Disorders (Epilepsy):</i>																		
Epileptic deterioration.							2	7	9	3	—	3	—	—	—	2	—	2
Epileptic clouded states.							7	5	12	—	4	4	—	3	3	—	1	1
Other epileptic types.							—	—	—	—	—	—	1	—	1	—	—	—
<i>Psychoses Due to Disturbances of Metabolism, Growth, Nutrition or Endocrine Function:</i>																		
Senile psychoses:																		
Simple deterioration.							6	14	20	—	1	1	—	—	—	—	—	—
Presbyopirnic type.							2	3	5	—	—	—	—	—	—	—	—	—
Depressed and agitated types.							3	2	5	—	—	—	—	2	2	—	—	—
Paranoid types.							5	14	19	1	—	1	—	—	—	1	—	1

TABLE 13. *Mental Disorders of All Admissions, All Discharges, All Deaths, 1934, All Cases in Residence and All Cases Out on September 30, 1934, by Status of Admissions and Sex — Concluded*

	MENTAL DISORDERS	RESIDENT POPULATION						PATIENTS OUT ON VISIT, ETC.					
		FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSION			READMISSIONS		
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Involuntary psychoses:		8	22	30	2	6	8	1	4	5	—	1	1
Melancholia		—	—	—	—	—	—	—	—	—	—	—	—
Paranoid types		2	8	10	—	1	1	—	1	1	—	—	—
Other types		—	2	2	—	—	—	—	—	—	—	—	—
With diseases of the endocrine glands		—	1	1	—	1	1	—	1	1	—	—	—
With diseases of the endocrine glands		—	1	1	—	—	—	—	—	—	—	—	—
Exhaustion delirium		—	1	1	—	—	—	—	—	—	—	—	—
Alzheimer's disease		—	1	1	—	—	—	—	—	—	—	—	—
With pellagra		—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases		4	1	5	—	—	—	3	3	6	—	—	—
Psychoses Due to New Growth:		—	—	—	—	—	—	—	—	—	—	—	—
With other neoplasms		—	—	—	—	—	—	—	—	—	—	—	—
Psychoses Due to Unknown or Hereditary Causes, but Associated with Organic Changes:		—	—	—	—	—	—	—	—	—	—	—	—
With multiple sclerosis		—	—	—	—	—	—	—	—	—	—	—	—
With paralysis agitans		1	—	1	—	—	—	1	1	1	—	—	—
With Huntington's chorea		—	2	2	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases		9	7	16	2	2	4	—	—	—	2	—	2
Disorders of Psychogenic Origin or Without Clearly Defined Tangible Cause or Structural Change:		—	—	—	—	—	—	—	—	—	—	—	—
Psychoneuroses:		—	—	—	—	—	—	—	—	—	—	—	—
Anxiety hysteria		1	—	1	—	—	—	—	1	1	—	—	—
Conversion hysteria		—	—	—	—	—	—	—	—	—	—	—	—
Anesthetic type		—	1	1	—	—	—	—	—	—	—	—	—
Paralytic type		—	—	—	—	—	—	—	—	—	—	—	—
Hyperkinetic type		1	—	1	—	1	1	—	—	—	—	—	—
Mixed hysterical psychoneurosis		1	—	1	—	—	—	—	—	—	—	—	—
Psychasthenia or compulsive states:		—	—	—	—	—	—	—	—	—	—	—	—
Obsession		—	1	1	1	1	1	1	—	1	—	—	—
Phobia		—	—	—	—	—	—	—	—	—	—	—	—
Mixed compulsive states		—	—	—	—	—	—	—	—	—	—	—	—
Neurasthenia		—	—	—	—	—	—	—	—	—	—	—	—
Hypochondriasis		—	5	5	—	1	1	3	1	1	—	1	1
Reactive depression		—	—	—	—	—	—	—	—	—	—	—	—
Anxiety state		3	—	3	—	—	—	—	—	—	—	—	—
Mixed psychoneurosis		1	1	2	—	—	—	—	—	—	—	—	—
Manic-depressive psychoses:		—	—	—	—	—	—	—	—	—	—	—	—
Manic type		7	9	16	14	28	42	5	3	8	7	9	16
Depressive type		28	28	56	20	19	39	8	6	14	3	5	8

TABLE 14. *Discharges of Patients Classified with References to Principal Psychoses and Condition on Discharge*

PSYCHOSES	Total			Recovered			Improved			Unimproved		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	5	1	6	—	—	—	5	1	6	—	—	—
With other forms of syphilis	1	1	2	—	—	—	1	1	2	—	—	—
With epidemic encephalitis	1	1	2	—	—	—	1	1	2	—	—	—
With other infectious diseases	1	—	1	—	—	—	1	—	1	—	—	—
Alcoholic psychoses	20	2	22	—	—	—	19	2	21	1	—	1
Due to drugs, etc.	3	2	5	—	—	—	3	2	5	—	—	—
Traumatic psychoses	1	—	1	—	—	—	1	—	1	—	—	—
With cerebral arteriosclerosis	14	12	26	—	—	—	12	10	22	2	2	4
With other disturbances of circulation	—	1	1	—	—	—	—	1	1	—	—	—
With convulsive disorders (epilepsy)	3	5	8	—	—	—	3	5	8	—	—	—
Senile psychoses	—	1	1	—	—	—	—	1	1	—	—	—
Involuntal psychoses	2	8	10	—	—	—	2	8	10	—	—	—
Due to other metabolic diseases, etc.	3	4	7	—	—	—	3	4	7	—	—	—
With organic changes of nervous system	3	—	3	—	—	—	3	—	3	—	—	—
Psychoneuroses	7	7	14	2	—	2	5	7	12	—	—	—
Manic-depressive psychoses	30	23	53	—	—	—	29	23	52	1	—	1
Dementia praecox	40	65	105	—	—	—	37	63	100	3	2	5
Paranoia and paranoid conditions	1	4	5	—	1	1	1	3	4	—	—	—
With psychopathic personality	2	—	2	1	—	1	1	—	1	—	—	—
With mental deficiency	5	3	8	—	—	—	5	3	8	—	—	—
Without psychoses	1	—	1	—	—	—	—	—	—	—	—	—
Primary behavior disorders	1	—	1	—	—	—	—	—	—	—	—	—
Total	144	140	284	3	1	4	132	135	267	7	4	11

TABLE 15. *Hospital Residence during This Admission of Court First Admissions Discharge during 1934*

PSYCHOSES	Number			Average Net Hospital Residence in Years		
	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	5	—	5	1.06	—	1.06
With other forms of syphilis	1	1	2	.04	.20	.12
With epidemic encephalitis	—	1	1	—	.62	.62
With other infectious diseases	1	—	1	1.50	—	1.50
Alcoholic psychoses	17	1	18	.37	.87	.40
Due to drugs, etc.	2	1	3	.77	.37	.64
Traumatic psychoses	1	—	1	.12	—	.12
With cerebral arteriosclerosis	13	8	21	.38	.30	.35
With convulsive disorders (epilepsy)	3	5	8	3.07	.72	1.60
Involuntal psychoses	2	5	7	1.44	.76	.95
Due to other metabolic diseases, etc.	3	4	7	2.86	1.57	2.12
With organic changes of nervous system	2	—	2	.12	—	.12
Psychoneuroses	6	4	10	.74	1.17	.91
Manic-depressive psychoses	19	13	32	1.72	1.72	1.72
Dementia praecox	26	54	80	.99	.61	.74
Paranoia and paranoid conditions	1	4	5	1.50	4.12	3.60
With psychopathic personality	2	—	2	2.40	—	2.40
With mental deficiency	3	2	5	.97	.98	.98
Without psychoses	1	—	1	.04	—	.04
Primary behavior disorders	1	—	1	.12	—	.12
Total	109	103	212	1.04	.94	.99

TABLE 17. *Age of Patients at Time of Death Classified with Reference to Principal Psychoses — Concluded*

Psychoses	50-54 years			55-59 years			60-64 years			65-69 years			70-74 years		75-79 years			80-84 years		85 years and over	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	3	2	5	2	2	4	2	1	3	4	-	4	-	-	-	-	-	-	-	-	-
With other forms of syphilis	-	-	-	1	1	-	1	1	-	-	1	-	-	-	-	-	-	-	-	-	-
With epidemic encephalitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Alcoholic psychoses	-	-	-	1	1	2	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
Traumatic psychoses	2	2	4	3	1	4	9	13	22	9	5	14	13	10	23	7	9	16	6	11	17
With cerebral arteriosclerosis	1	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With other disturbances of circulation	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-
With convulsive disorders (epilepsy)	-	-	-	-	-	-	1	3	4	-	2	2	1	4	5	3	4	7	-	4	4
Senile psychoses	-	1	1	-	3	3	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-
Involuntary psychoses	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Due to other metabolic diseases, etc.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Due to new growth	1	-	1	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-
With organic changes of nervous system	1	1	2	1	1	2	-	3	3	-	1	1	-	1	1	1	1	1	1	1	1
Manic-depressive psychoses	2	2	4	-	-	-	-	-	-	1	-	1	1	1	2	1	2	3	-	-	-
Dementia praecox	-	-	-	-	-	-	1	-	-	-	-	-	-	2	2	1	1	1	-	-	-
Paranoia and paranoid conditions	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With mental deficiency	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
Total	10	8	18	7	11	18	16	22	38	14	8	22	17	19	36	12	16	28	6	17	23
																			3	8	11

TABLE 18. *Total Duration of Hospital Life of Patients Dying in Hospital Classified According to Principal Psychoses*

PSYCHOSES	Total		Less than 1 month			1-3 months			4-7 months			8-12 months			1-2 years			3-4 years		
	M.	F.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	18	8	26			1	1		3	7		4	3	7	2	2	4	2	1	3
With other forms of syphilis	4	1	5			1	1		2	2		1	1		1	1	1	1	1	
With epidemic encephalitis		1	1			1	1		1	1		1	1		1	1	1	1	1	
Alcoholic psychoses	5	2	7			1	1		1	3		1	1		1	1	1	1	1	
Traumatic psychoses	1					1	1		1	1		1	1		1	1	1	1	1	
With cerebral arteriosclerosis	50	59	109			15	18	33	11	34		13	21	34	6	3	9	1	3	4
With other disturbances of circulation	3	2	5			1	1		2	2		1	1		1	1	1	1	1	
With convulsive disorders (epilepsy)		2	2			1	1		1	1		1	1		1	1	1	1	1	
Senile psychoses	5	19	24			2	2		3	3		3	3		1	2	3	1	3	4
Involuntary psychoses	1	8	9			1	2	3	1	3		1	3		1	2	3	1	3	4
Due to other metabolic diseases, etc.		3	3			1	1		1	3		1	3		1	2	3	1	3	4
Due to new growth		1	1			1	1		1	1		1	1		1	1	1	1	1	1
With organic changes of nervous system	1	1	2			1	1		1	1		1	1		1	1	1	1	1	1
Manic-depressive psychoses	4	10	14			1	2	3	1	3		1	1		3	3	3	1	1	2
Dementia praecox	16	22	38			3	2	5	2	2		2	2		3	5	8	1	2	3
Paranoia and paranoid conditions	1	3	4			1	1		1	1		1	1		1	1	1	1	1	1
With mental deficiency	2	2	4			1	1		1	1		1	1		1	1	1	1	1	1
Total	111	142	253			20	28	48	17	59		24	35	59	13	19	32	8	12	20

TABLE 18. Total Duration of Hospital Life of Patients Dying in Hospital Classified According to Principal Psychoses — Concluded

PSYCHOSES	5-6 years		7-8 years		9-10 years		11-12 years		13-14 years		15-19 years		20 years and over		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	1	1	2	1	1	1	—	—	—	—	—	—	—	—	—
With other forms of syphilis	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—
With epidemic encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholic psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Traumatic psychoses	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—
With cerebral arteriosclerosis	—	2	2	1	1	2	1	1	—	—	—	—	—	2	2
With other disturbances of circulation	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With convulsive disorders (epilepsy)	2	2	4	—	—	—	—	—	—	—	—	—	—	1	1
Senile psychoses	—	1	1	—	—	—	—	—	1	1	—	—	—	—	—
Involuntary psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Due to other metabolic diseases, etc.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Due to new growth	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With organic changes of nervous system	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Manic-depressive psychoses	1	1	2	1	1	—	—	—	—	—	—	—	—	—	—
Dementia praecox	1	1	2	—	—	2	2	—	—	—	—	1	1	2	5
Paranoia and paranoid conditions	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With mental deficiency	1	—	1	—	—	—	—	—	1	1	—	—	—	1	1
Total	8	8	16	3	1	4	—	5	5	—	2	2	1	2	3
6	8	14	6	8	14	6	8	14	6	8	14	6	8	14	6

TABLE 19. *Average Length of Hospital Residence during the Present Admission of All First Admission Cases in Residence on September 30, 1934*

PSYCHOSES	Number			Average Net Hospital Residence in Years		
	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	41	10	51	4.07	5.08	4.27
With other forms of syphilis	6	3	9	2.98	10.15	5.38
With epidemic encephalitis	8	5	13	4.63	3.30	4.88
With other infectious diseases	1	1	2	.45	.45	.45
Alcoholic psychoses	70	15	85	5.84	8.22	6.26
Traumatic psychoses	8	1	9	7.24	.45	6.48
With cerebral arteriosclerosis	82	79	161	2.60	3.73	3.16
With other disturbances of circulation	1	4	5	12.50	10.74	11.09
With convulsive disorders (epilepsy)	9	12	21	6.17	5.16	5.59
Senile psychoses	16	33	49	3.48	5.91	5.12
Involuntional psychoses	10	32	42	5.49	5.21	5.28
Due to other metabolic diseases, etc.	4	4	8	3.73	4.99	4.36
With organic changes of nervous system	10	9	19	4.79	6.26	5.49
Psychoneuroses	7	9	16	5.21	2.82	3.87
Manic-depressive psychoses	40	48	88	4.96	10.09	7.76
Dementia praecox	334	414	748	8.73	7.04	8.11
Paranoia and paranoid conditions	3	6	9	.80	9.49	6.59
With psychopathic personality	5	4	9	6.69	8.74	7.60
With mental deficiency	64	97	161	8.65	7.15	7.75
Without psychoses	5	2	7	.45	.45	.45
Total	724	788	1,512	6.75	6.98	6.87

TABLE 19A. *Average Length of Hospital Residence during the Present Admission of All Readmissions Cases in Residence on September 30, 1934*

PSYCHOSES	Number			Average Net Hospital Residence in Years		
	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	16	7	23	6.12	8.78	6.93
With other forms of syphilis	1	3	4	7.50	3.15	4.24
With epidemic encephalitis	2	4	6	4.00	5.24	4.83
Alcoholic psychoses	26	2	28	8.99	12.50	9.24
Traumatic psychoses	1	—	1	3.50	—	3.50
With cerebral arteriosclerosis	5	16	21	2.89	5.24	4.68
With convulsive disorders (epilepsy)	3	4	7	3.15	15.00	9.92
Senile psychoses	1	1	2	3.50	.45	1.98
Involuntional psychoses	2	7	9	6.00	6.92	6.72
Due to other metabolic diseases, etc.	1	1	2	12.50	1.50	7.00
With organic changes of nervous system	3	2	5	8.17	7.00	7.70
Psychoneuroses	2	5	7	6.00	2.48	3.49
Manic-depressive psychoses	39	61	100	5.93	6.72	6.41
Dementia praecox	164	217	381	9.94	9.63	9.76
Paranoia and paranoid conditions	3	6	9	1.48	7.67	5.61
With psychopathic personality	5	1	6	5.29	.45	4.48
With mental deficiency	24	47	71	10.54	9.14	9.61
Total	298	384	682	8.67	8.63	8.65

TABLE 20. *Family Care Statistics for Year Ended September 30, 1934*

	Males	Females	Total
Remaining in Family Care September 30, 1933	—	8	8
On Visit from Family Care September 30, 1933	—	—	—
Admitted to Family Care during the Year	—	2	2
Whole Number of Cases within the Year	—	10	10
Discharged from Family Care within the Year:			
Returned to Institution	—	1	1
Remaining in Family Care September 30, 1934	—	9	9
On Visit from Family Care September 30, 1934	—	—	—
Average Daily Number in Family Care during Year	—	9	9
Supported by State	—	8	8
Reimbursing	—	1	1
Private	—	1	1

